



Birth Certificate Request

Office Use Only

DCN #: _____

Original Copy \$26

Additional Copies \$19

Total _____ Employee Initial _____

Use this form to order a birth certificate for a person born In Minnesota. If we cannot find the birth record you request, we will send you a certified Statement of No Birth Record Found.

NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)

Information to find the requested birth record Minnesota Rules 4601.2600

Child/subject

First name _____ Middle name _____ Last name _____

Date of birth: _____ Sex: ☐ Female ☐ Male State of birth: _____

Minnesota city of birth: _____ Minnesota county of birth: _____

Parent One

First name _____ Middle name _____ Last name _____

Last name before 1st marriage: _____

Parent Two

First name _____ Middle name _____ Last name _____

Last name before 1st marriage: _____

Requester information

Minnesota Rules 4601.2600

Full Name _____

Date of birth: _____ Email: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____ Daytime phone: _____

Mark the boxes that describe your relationship to the subject of the record. **Marital status is important.** Records of children born to married parents are “public”. That means that the certificate is available to those listed in items 1 – 18 below. Records of children born to single mothers are “confidential” unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates.

Public Birth Records

“Public” birth records are available to individuals who meet any of the legal requirements in items 1-18.

- ☐ 1. A parent named on the subject’s record
- ☐ 2. A grandparent of the subject
- ☐ 3. A great grandparent of the subject
- ☐ 4. A child of the subject
- ☐ 5. A grandchild of the subject
- ☐ 6. A great-grandchild of the subject
- ☐ 7. Spouse of the subject (You must be the current spouse)
- ☐ 8. I am the subject; I am requesting my own birth record
- ☐ 9. The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)
- ☐ 10. The health care agent for the subject (we need a valid “health care power of attorney” document)
- ☐ 11. Subject’s personal representative (we need a notarized statement that says you need the birth certificate to administer the estate)
- ☐ 12. Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)
- ☐ 13. Proof that you need a birth certificate for the determination or protection of a personal property right
- ☐ 14. Adoption agency – to complete post-adoption search (we need a copy of your Employee ID)
- ☐ 15. Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify record)
- ☐ 16. Attorney – I represent the subject, or a person listed in items 1-14 above. My **Minnesota** Attorney License Number is: _____. **If you are a NON-Minnesota attorney, attach a copy of your attorney license.**
- ☐ 17. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
- ☐ 18. I have a signed statement from a person above; it specifies the subject’s full name, date of birth, parents’ names, the signer’s relationship to the subject of the record and it authorizes me to obtain the certificate.

Confidential Birth Records

"Confidential" birth records are available only under the conditions, or to the person in items 19-23

- ☐ 19. Parent name on the subject's record
- ☐ 20. The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
- ☐ 21. The subject, when *16 years old or older*
- ☐ 22. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)
- ☐ 23. Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate

Birth Certificate Request

Requester's name: _____

REQUIRED – Sign this form in front of a notary public Minnesota Rules 4601.2600

I certify that the information provided on this application is correct and complete to the best of my knowledge.

Requester's signature _____
(Signature must match the name of the requester on page one.)

Notary:

Signed or attested before me on: _____

day of _____, 20_____

Printed name of notary public: _____

Notary public signature: _____

Notary Stamp/Seal

Fees and records request

Request	# of extra copies	Fee	Total
First birth certificate		\$26	\$26
<input type="checkbox"/> Additional birth certificates		\$19 each	
<input type="checkbox"/> Veteran's Affairs (VA) birth certificate (for VA purposes only)		\$0	

Subtotal: _____

Processing	Fee	Total
<input type="checkbox"/> Standard – request processed in the order received	\$0	\$0
<input type="checkbox"/> Faster – request handled ahead of standard request (doesn't include express delivery)	\$20	

Subtotal: _____

Shipping	Fee	Total
<input type="checkbox"/> Regular first-class mail	\$0	
<input type="checkbox"/> Express delivery Is a signature required? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$28.95	

Total due: (Fees are due with the application and are not refundable) _____

The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses.

For delivery outside the United States, you must supply a prepaid express delivery envelope with your application.

Payment method

- ☐ Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: _____ Card number: _____

Valid through (MM/YY): _____ 3-digit code: _____

- ☐ Check number: _____ Make check or money order **payable to Olmsted County**. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.

- ☐ Money order number: _____

Incomplete requests

Olmsted County Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. (Minnesota Statutes 144.226; Minnesota Rules 4601.2600)

Send your application and payment to:

Olmsted County Vital Records Office
151 4th Street SE
Rochester, MN 55904
Fax: (507) 328-7965 (credit card payments only)