



# Non-Certified Birth Certificate Request

Office Use Only

DCN #: \_\_\_\_\_

Original Copy \$13

Additional Copies \$6

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. Non-certified birth records are available from any Minnesota county. Records for births in 2000 or before are only available from the county of birth or the Office of Vital Records (Minnesota Department of Health).

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

### Child/subject

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex:  Female  Male State of birth: Minnesota

Minnesota city of birth: \_\_\_\_\_ Minnesota county of birth: \_\_\_\_\_

### Parent one

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Last name before 1<sup>st</sup> marriage: \_\_\_\_\_

### Parent two

First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Last name before 1<sup>st</sup> marriage: \_\_\_\_\_

---

## Requester information

Full Name \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

---

## Required-Choose from the options below

Records of children born to married parents are “public”; anyone can buy a noncertified public birth record. Records of children born to single mothers are “confidential” unless the mother chose to make the record public.

- 1. I want an image of the paper record for a birth in 2000 or before
- 2. I want a printout of a birth record that includes the subject’s name, date and place of birth, and the names of the subject’s parents. The printout does not show health information.
- 3. Birth Records of children born to unmarried mothers are confidential unless the mother chose to make the record public at the time of birth. The persons below are eligible to buy noncertified confidential birth records.

Check one box:

- I am the subject of the record age 16 or older
  - I am a parent named on the record
  - I am the guardian of the subject (you must show a copy of the court order that names you)
  - I am presenting your office with a copy of a court order issued by a U.S. court
  - I act for a Minnesota program that administers child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, section 124D.23; Minnesota Statutes, chapter 260E; or a tribal child support program, Minnesota Statutes, section 144.225. (Must show employee ID)
4. I want a copy of the entire birth record including health information (available only for births 2001 to present).

Check one box:  I am the mother named on the birth record

I am a representative of local public health

---

# Birth Certificate Request

Requester's name: \_\_\_\_\_

## REQUIRED – Sign this form in front of a notary public

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: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Notary Stamp/Seal
-------------------

---

## Fees and records request

Request	# of extra copies	Fee	Total
First noncertified birth record		\$13	\$13
<input type="checkbox"/> Additional birth records		\$6 each	

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	\$31.11	

**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 thru (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

The Office of 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. Unresolved requests will be closed 6 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.

## Send your application and payment to:

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