



## Minnesota Certificate of Birth Application

This application must be signed in front of a notary public  
If boxes are left blank the application may be returned.

### PART I: Birth Record Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHERS FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHERS FIRST NAME	MIDDLE NAME	LAST NAME

### PART II: What is your relationship to the subject (tangible interest) You must check only one category.

- I am the subject
- I am the child of the subject
- I am the spouse of the subject
- I am the parent listed on the record
- I am the grandparent of the subject
- I am the grandchild of the subject
- I am the party responsible for filing the birth record (i.e. hospital, midwife, birth attendant)
- I am the legal custodian, guardian or conservator of the subject. **(you must submit a certified copy of a court order showing this relationship)**
- I am the health care agent of the subject **(you must submit documentation showing this relationship)**
- I am a personal representative and the certified copy is required for the administration of the estate **(please submit documentation showing this relationship)**
- I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation showing this relationship)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search **(please submit a copy of your employee ID)**
- I am an attorney and I have attached proof of my licensure
- I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties **(please submit a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

PURPOSE FOR YOUR REQUEST



## Minnesota Certificate of Birth Application

This application must be signed in front of a notary public  
If boxes are left blank the application may be returned.

### PART III: FEE AND PAYMENT INFORMATION

Number	Item	Fee per item	Total
1	<b>First Birth Certificate</b>	\$26.00	
	<b>Additional Certificate</b>	\$19.00	
	<b>Total</b>		

**MAKE CHECKS PAYABLE TO MOWER COUNTY AUDITOR-TREASURER**

### PART IV: REQUESTER AND NOTARY INFORMATION

NAME (PLEASE PRINT)		DATE OF BIRTH	
MAILING ADDRESS			
CITY	STATE	ZIP	
DAYTIME PHONE	EMAIL ADDRESS		

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

**REQUESTER SIGNATURE**

Please attach a copy of your valid driver's license or state-issued ID.

Signed or attested before me on (date):	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES	

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. PENALTIES; Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000.00 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

If you have questions, please contact us at (507) 437-9535.

For Administrative Use Only
ID Viewed
Initials