Birth Certificate Application

Complete this form to order a certified copy of a Minnesota birth certificate.

You must fill in the information we ask for on this form. We need the information to find the correct birth record and to make sure that you may receive the certificate. If we cannot find the birth record you asked for, we will send you a certified "Statement of No Birth Record Found". *Minnesota Rules, part 4601.2600*

Secti	on A Information to fi				meson	u nu		ta Rules, part 4601	2600 subpart 2	
		1				/subject last nar	Name suffix			
Child/Subject	Child/subject first name Child/subject middle			uule name	me Child		/Subject last har	Name sumx		
/Su	Date of birth (MM/DD/YYYY) Sex Minnesota cit			a city of hirth	city of hirth			Minnesota county of birth		
ild,	🗆 Female									
ch	🗆 Male			1				MN		
	Parent one first name Parent one middle name			Parent one last name		Last name befo	Name suffix			
Parents										
are	Parent two first name	o middle name	Parent two last name			Last name befo	ore 1 st marriage	Name suffix		
Ä										
Secti	on B Requester - pers	on compl	eting this applic	ation			Minneso	ta Rules, part 4601	.2600, subpart 3	
	Requester full name					Date of birth (MM/DD/YYYY) Daytime phone (10-dig				
(D)										
	Requester mailing address – street					it #	Email			
	(United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)									
Re								State ZI	P Code™	
Secti	Section C MANDATORY — Check the boxes below that describe your relationship to the subject of the record:									
Marit	al 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										
	Only the persons listed belo			ain confidentia	birth ce	ertific	ates.			
Minnesota Statutes, section 144.225, subdivisions 2 and 7.										
"Public" birth records are available to individuals who meet any of the legal requirements in items 1-18										
1. \Box A parent named on the subject's record 2. \Box A grandparent of the subject 3. \Box A great grandparent of the subject										
4. \Box A child of the subject 5. \Box A grandchild of the subject 6. \Box 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 who requires the birth certificate for administration of the subject's estate										
12. Successor of a deceased subject who requires the birth certificate for administration of the subject's estate										
13. Proof that you need a birth certificate for the determination or protection of a personal or property right										
14. \Box 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 the record).										
16. 🗆 Attorney – I represent the subject, or a person listed in items 1-14 above. If you are a NON-Minnesota attorney, attach a copy										
	ly Minnesota Attorney Licer					-	ur attorney licer	ise.		
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 are available only under the conditions, or to the person, in items 19-23										
19. Parent named 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										
∠∠. ∟	2. 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)								esuld	
23 🗆	\Box Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate									
25. - Fursuant to a valid, certified copy of a 0.5. Court of der (not a subpoend) releasing the certificate										

BIRTH CERTIFICATE APPLICATION

Person completing this application – the requester:										
Section D	Requester's signature	and signature	of notary public							
	· · · · · · · · · · · · · · · · · · ·			@	•		•			
		· · ·@ ·				ю	#			
Requester's signature	e (Signature must match t	requester on page one)				Notary Stamp/Seal				
Signed or attested be										
Printed name of notary public										
Notary public signatu	re	My commission			n	_				
			expires							
Section E	How many birth certif	icates doyou w	ant?				Fee	Subtotals		
One certified birth o	certificate						\$26	\$26		
				# of add			¢10			
Added copies are \$1	19 each <i>if you buy them</i>	at the same tim	e as one at \$26.		CO	pies	\$19 each			
							each			
Section F	How many VA birth ce	rtificates do yo	u want?		Min			ion 197.63, subdivision 1		
VA birth certificates	VA birth certificates are available free - for Veterans Affairs					s related purposes only				
Section 8	How do you want us	to send your d	ocuments back t	o you	l?		Fee	Choose delivery		
Regular First-Class Mail [®]							\$0			
USPS Priority Mail®							\$1	Enter \$0 or \$10		
Section =	The amount you pay r above.	nust cover the	certificates and s	ervice	es you re	equeste	ł	Amount due		
		Paymen	t due = subtotals	from	Section	s F and (G above			
Payment due = subtotals from Sections E and G above (Must be \$26 or more)										
Section @	How do you want to p	ay? Fees:		lication	and are no	on-refunda	able. Minne	esota Statutes, section		
		Cardholder name						Valid thru MM/YY		
Credit card*										
MasterCard/VISA/I	Discover n of \$1.95) will be added.	Card number						3-digit security code		
C Check	heck #		Make check or money order payable to the Becker County Records							
		Office and send by mail with application. DO NOT SEND CASH.								
N		Checks returned for non-payment will result in a \$30 charge to you. You								
□ Money order		could also face civil penalties. <i>Minnesota Statutes, section 604.113,</i>								
		subdivision 2.								
Section K	Send your application	and payment								
	Becker County Recor	der	The Office of Vital Records returns applications that are					s that are		
By mail	915 Lake Ave		incomplete, not signed in front of a notary public, or not paid in							
(Do not send cash)	Detroit Lakes, MN 56	501	full at the time of application.					•		
			I							
If you have questions, contact Becker County Recorder's Office at 218-846-7304										
ii you nave questions	s, contact becker county	Recorder's Utfice	e at 218-846-7304							