



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*

Section A Information to find the requested birth record

Minnesota Rules, part 4601.2600, subpart 2

Child/Subject	Child/subject first name		Child/subject middle name	Child/subject last name	Name suffix	
	Date of birth (MM/DD/YYYY)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth	Minnesota county of birth	State of birth MN
Parents	Parent one first name	Parent one middle name		Parent one last name	Last name before 1 st marriage	Name suffix
	Parent two first name	Parent two middle name		Parent two last name	Last name before 1 st marriage	Name suffix

Section B Requester - person completing this application

Minnesota Rules, part 4601.2600, subpart 3

Requester	Requester full name		Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)	
	Requester mailing address		Apt/Unit #	Email	
			City	State	ZIP Code™

Section C MANDATORY — Check the boxes below 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.

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. <input type="checkbox"/> A parent named on the subject's record	2. <input type="checkbox"/> A grandparent of the subject	3. <input type="checkbox"/> A great grandparent of the subject
4. <input type="checkbox"/> A child of the subject	5. <input type="checkbox"/> A grandchild of the subject	6. <input type="checkbox"/> A great-grandchild of the subject
7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse)		8. <input type="checkbox"/> I am the subject; I am requesting my own birth record
9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)		
10. <input type="checkbox"/> The health care agent for the subject (we need a valid "health care power of attorney" document)		
11. <input type="checkbox"/> Subject's personal representative who requires the birth certificate for administration of the subject's estate		
12. <input type="checkbox"/> Successor of a deceased subject who requires the birth certificate for administration of the subject's estate		
13. <input type="checkbox"/> Person who demonstrates a need for a birth certificate to determine or protect a personal or property right		
14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)		
15. <input type="checkbox"/> 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. <input type="checkbox"/> Attorney — I represent the subject, or a person listed in items 1-14 above. If you are a NON-Minnesota attorney, attach a copy of your attorney license. My Minnesota Attorney License Number is:		
17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate		
18. <input type="checkbox"/> 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. <input type="checkbox"/> Parent named on the subject's record
20. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
21. <input type="checkbox"/> The subject, when 16 years old or older
22. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, Minnesota Care, 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. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

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BIRTH CERTIFICATE APPLICATION

Person completing this application – the requester:

Section D Requester's signature and signature of notary public*By signing my name in the space below, I hereby attest that the information I am providing on this application is correct to the best of my knowledge and belief and that I meet the legal requirements indicated in Section C.*

Requester's signature (Signature must match the name of the requester on page one)	Date	Notary Stamp/Seal
X		
Signed or attested before me on _____ day of _____, 20_____		
Printed name of notary public		
Notary public signature	My commission expires	

Section E How many birth certificates do you want?		Fee	Subtotals
One certified birth certificate		\$26	\$26
Added copies are \$19 each <i>if you buy them at the same time as one at \$26.</i>		# of added copies	\$19 each
Section F How many VA birth certificates do you want?		Minnesota Statutes, section 197.63, subdivision 1	
VA birth certificates are available free - <i>for Veterans Affairs related purposes only</i>		# VA certificates	\$0
Section I The amount you pay must cover the certificates and services you requested above.	Amount due		
Payment due = subtotals from Sections E (Must be \$26 or more)			

Section J How do you want to pay?		Fees are due with the application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>
<input type="checkbox"/> Check <input type="checkbox"/> Money order		Make check or money order payable to Crow Wing County Land Services and send by mail with application. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>
Section K Send your application and payment		

By mail (Do not send cash)	Crow Wing County Land Services 322 Laurel Street, Suite 15 Brainerd, MN 56401	Crow Wing County Land Services returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application.
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If you have questions, contact landservices@crowwing.us or call 218-824-1010.

For Office Use Only:

DCN/Certificate #	Requestor #
ID Type	ID #
Number of copies	Amount \$
Initials	Issue Date