



INSTRUCTIONS FOR COMPLETING MINNESOTA CERTIFICATE OF BIRTH APPLICATION

Use this application only if you want a legal certified copy of a birth record.

PART I: Birth Record Information

- Make sure all boxes are complete to the best of your knowledge.
- If you do not know information, please write "unknown." However, if we are not able to positively identify the birth record, we will return the application to you for more information or issue a certified copy of No Birth Record Found.
- If you are adopted and want a copy of your current, legal birth record, please use your adopted name and adopted parents' names.
- If you are requesting certificates for more than one birth record, you must complete a separate application for each record.

PART II: Tangible Interest

- Minnesota law requires an individual to have "tangible interest" to obtain a birth certificate.
- You must check one of the relationships listed in this section and you cannot add a relationship not on the list.
- You must attach documentation to prove your relationship to the subject when required.

PART III: Fee and Payment Information

- Please make your check or money order payable to **HOUSTON COUNTY RECORDER**. Fees are nonrefundable per Minnesota Statutes, section 144.226, subdivision 1.
-
-

PART IV: Requester and Notary Information

- The requester is the person applying for the certificate, not the subject of the birth record.
- The requester's date of birth is required to process the application.
- If you do not have a phone number or email address, please write "none."
- You must sign the application in front of a notary public and the notary must provide a signing date.
- The notary's stamp or seal (if required in your state) must be readable on the application. If you fax the application, please shade a notary's impressed seal so it is visible.

Mail application and fees to:
Houston County Recorder
PO Box 29
Caledonia MN 55921-0029



MINNESOTA CERTIFICATE OF BIRTH APPLICATION

Mail application and fee to:
HOUSTON COUNTY RECORDER
PO BOX 29
CALEDONIA MN 55921

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
MOTHER'S FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME	MIDDLE NAME	LAST NAME

PART II: What is your relationship to the subject (tangible interest)? You must check 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.

NAME ON BIRTH RECORD:

PART III: Fee and Payment Information
--

Number	Item	Fee per item	Total
1	First birth certificate	\$26	
	Additional certificate(s) for this birth record requested at this time	\$19	
Total:			

Type of payment: Check Money order

Due to high administrative costs, we are unable to issue refunds for overpayment of any amount \$15.00 or less. Checks returned for non-payment will be charged a \$25 fee.

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.

Sworn/affirmed to before me on ____ day of _____, 20__	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 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).