



## Birth Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

Requester Information				
Name			Date of Birth	
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

What is your relationship to the subject of the record (tangible interest)? You must check one.		
<input type="checkbox"/> I am the subject of the record	<input type="checkbox"/> I am the child of the subject	<input type="checkbox"/> I am the spouse of the subject
<input type="checkbox"/> I am the parent	<input type="checkbox"/> I am the grandparent of the subject	<input type="checkbox"/> I am the grandchild of the subject
<input type="checkbox"/> I am the party responsible for filing the birth record		
<input type="checkbox"/> I am the legal custodian, guardian or conservator of the subject ( <b>you must include a certified copy of a court order showing this relationship</b> )		
<input type="checkbox"/> I am the health care agent of the subject ( <b>you must include the health care agent power of attorney</b> )		
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate		
<input type="checkbox"/> I am a successor of the subject as defined by MN statutes, section 524.1-201, and the subject is deceased		
<input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights ( <b>you must submit documentation showing this relationship</b> )		
<input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search ( <b>you must include a copy of your employee ID</b> )		
<input type="checkbox"/> I am an attorney and I have attached proof of my licensure		
<input type="checkbox"/> I am presenting your office with a court order issued by a court of competent jurisdiction ( <b>this must be a certified copy</b> )		
<input type="checkbox"/> I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties ( <b>you must include a copy of your employee ID</b> )		
<input type="checkbox"/> I am a representative authorized by a person listed above ( <b>you must include a notarized statement from a person listed above</b> )		

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)	
I certify that the information provided on this application is accurate and complete to the best of my knowledge.	
Requester Signature	
Signed or attested before me on: _____ day of _____, 20____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

**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).



## Birth Certificate Application

Requester Name:

### Fee and Payment Information

Item	Number requested	Fee	Total
One birth certificate	1	\$26.00	
Additional certificate(s) for the same birth record <b>(optional)</b>		\$19.00 each	
United States Postal Service Express delivery <b>(optional)</b> – This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want USPS to require a signature for receipt. If you do not check this box, no signature will be required.		\$23.75	
<b>Total amount submitted:</b> <b>(This amount must be at least \$26.00)</b>			

Type of payment: ☐ Money Order ☐ Check

If paying by check or money order (make payable to: McLeod County Auditor-Treasurer):

Check/money order number

Due to high administrative costs, we are unable to issue refunds for overpayment.

Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

### Send application and payment:

#### By MAIL to:

McLeod County Auditor-Treasurer  
Attention: License Center  
2391 Hennepin Ave. N.  
Glencoe, MN 55336

#### By FAX to:

320-864-3268

If you have questions, please contact us at 320-864-1311 or [mcleod.auditor-treasurer@co.mcleod.mn.us](mailto:mcleod.auditor-treasurer@co.mcleod.mn.us)