



MINNESOTA BIRTH RECORD APPLICATION – CERTIFICATE OF BIRTH

This application must be signed in the presence of a notary public or a local registrar.

If boxes are incomplete the application may not be processed.

If you have questions, please e-mail auditor@co.mcleod.mn.us or call 320-864-1234

PART I: Name on Birth Record				
FIRST NAME		MIDDLE NAME		LAST NAME
BIRTH MONTH	BIRTH DAY	BIRTH YEAR	SEX	CITY and 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? (Please check only ONE.)	
<input type="checkbox"/> I am the subject.	<input type="checkbox"/> I am the parent listed on the record.
<input type="checkbox"/> I am the child of the subject.	<input type="checkbox"/> I am the grandparent of the subject.
<input type="checkbox"/> I am the spouse of 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. (Must present certified copy of court order.)	
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate.	
<input type="checkbox"/> I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. (Requests must be approved by the State Registrar.)	
<input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search.	
<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.	
<input type="checkbox"/> I represent a local, state, or federal governmental agency and the vital record is necessary for the governmental agency to perform its authorized duties.	
<input type="checkbox"/> I am a representative authorized by a person listed above. (Must MAIL or submit in person a notarized statement in addition to the application.)	

PURPOSE FOR YOUR REQUEST:

PART III: Person applying:			
APPLICANT'S FIRST NAME	MIDDLE NAME	LAST NAME	DATE OF BIRTH
MAILING STREET ADDRESS (If using a Post Office Box Number you must include a street address)			
CITY	STATE	ZIP	DAYTIME PHONE NUMBER
E-MAIL ADDRESS			
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).			

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

SIGNATURE:	DATE
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If mailing or faxing, please attach a copy of your valid Driver's license or State issued Identification card.

Signature MUST be notarized if applying by mail or fax.	For Administrative Use only
Signed or attested before me on (date):	DL/ID VIEWED:
SIGNATURE OF NOTARY PUBLIC:	DL/ID #:
MY COMMISSION EXPIRES:	INITIALS:
NOTARY STAMP:	

**Send Check or Money Order: McLeod County Auditor-Treasurer, Att: License Center,
2391 Hennepin Ave N, Glencoe, 55336**



Instructions for Completing the Application for a Birth Certificate and Fee Worksheet Ordering a certificate of birth from the McLeod County Auditor-Treasurer's Office:

- **Minnesota has a standard certificate that contains the following information:** child's name, date of birth, sex, city of birth, parents' names and parents' birth places.
- Minnesota does not have a **long** form certificate. However, you can request a **non**-certified copy of a birth record that gives you more information about the birth.
- A separate application must be completed for each individual's birth record.
- Your application could be returned for more information if boxes are left incomplete.

Part 1

- Please type or print clearly.
- Please make sure that all boxes are complete to the best of your knowledge.
- If we cannot positively identify the birth record, your application may be returned.
- If adopted, use your adoptive name and adoptive parents' names.

Part II

- You must check **only one** of the relationships in this section.
- If you are the subject and your parents were not married at the time of your birth, you must be 16 to apply for your certificate.
- The parties responsible for filing the birth record are:
 - Hospital
 - Midwife
 - Parent if child is born at home without a midwife.
- Please attach additional documentation of proof when requested on the application. (Example: Court ordered custody)

Part III

- Please type or print clearly.
- **The person listed in part III is the person applying for the certificate.**
- All boxes are required to be completed except the email address.
- If you do not have a phone, please enter **none** in that box.
- The e-mail address is optional but allows us to contact you if there are questions.
- You must sign the application in the presence of a notary.
- Your signed date and the notary date must be the same.
- The notary stamp must be clear on the application unless your state does not require stamps or seals.

Attach a fee worksheet for each order.

If you are paying for **FED EX service**, please contact **FED EX for correct fees** if the certificate is to be mailed outside of the continental US or to Hawaii or Alaska.

- Mail your application, fee sheet and payment to our office according to the instructions on the fee worksheet.
If you have questions, please e-mail auditor@co.mcleod.mn.us or call 320-864-1234