

## **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* 

| Infor   | mation to find the reque                         | sted  | birth           | recor   | rd          | , |         |         | Minne             | esota Rules, part            | 4601.2600, subpart 2 |
|---|--|-------|-----------------|---------|-------------|---|---------|---------|-------------------|------------------------------|----------------------|
| Child/Subject   | Child/subject first name                         |       |                 | Child   | /subject mi | ddle name                               |         | Child,  | /subject last nar | me                           | Name suffix          |
| J/Sı  | Date of birth (MM/DD/YYYY                        |       | Sex             |         | Minnesota   | city of birth                           | '       |         | Minnesota cou     | nty of birth                 | State of birth       |
| Chil  |  |       | □ Fem<br>□ Male |         |             |   |         |         |                   |                              | MN                   |
|   | Parent one first name                            | Pare  | ent one         | midd    | lle name    | Parent one las                          | t name  |         | Last name befo    | ore 1 <sup>st</sup> marriage | Name suffix          |
| Parents   | Parent two first name                            | Pare  | ent two         | midd    | lle name    | Parent two las                          | t name  |         | Last name befo    | ore 1 <sup>st</sup> marriage | Name suffix          |
| Requ  | lester - person completin                        | g thi | is app          | licatio | on          |   |         |         | Minne             | esota Rules, part            | 4601.2600, subpart 3 |
|   | Requester full name                              |       |                 |         |             |   | Date of | f birth | (MM/DD/YYYY)      | Daytime phone                | e (10-digit)         |
| Requester   | Requester mailing address -                      | eet   |                 |         |             | Apt/Un                                  | nit#    | Email   |                   |                              |                      |
| Rec   |  |       |                 |         |             |   | City    |         |                   | State                        | ZIP Code™            |
|   | IDATORY — Check the bo                           |       |                 |         |             |   |         |         |                   |                              |                      |
| <b>Marital status is important.</b> 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. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7.</i>  |  |       |                 |         |             |   |         |         |                   |                              |                      |
| "Pub  | lic" birth records are ava                       | ilabl | e to in         | ndivid  | luals who   | meet any of t                           | he lego | al req  | uirements in i    | tems 1-18                    |                      |
| 1. □ A parent named on the subject's record   2. □ A grandparent of the subject   5. □ A grandchild of the subject   5. □ A grandchild of the subject   6. □ 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 (we need a notarized statement that says you need the birth certificate to administer the estate)   12. □ Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)   13. □ Proof that you need a birth certificate for the determination or protection of a personal or property right   14. □ 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)   16. □ Attorney — I represent the subject, or a person listed in items 1-14 above. |  |       |                 |         |             |   |         |         |                   |                              |                      |
| <ul> <li>22.          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)</li> <li>23.          Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate</li> </ul>  |  |       |                 |         |             |   |         |         |                   |                              |                      |
| Requester's signature and signature of notary public  |  |       |                 |         |             |   |         |         |                   |                              |                      |
| I certify that the information on this application is correct and complete to the best of my knowledge.   |  |       |                 |         |             |   |         |         |                   |                              |                      |
|   | uester's signature<br>Juester named above must s | ign h | iere)           |         |             |   |         |         |                   | Notary Stan                  | np/Seal              |
| Sign  | ed or attested beforeme on:                      |       |                 | _day c  | of          | , 20                                    |         |         |                   |                              |                      |
| Prin  | ted name of notary public                        |       |                 |         |             |   |         |         |                   |                              |                      |

PAGE 1 OF 2 07/2021

## BIRTH CERTIFICATE APPLICATION

| Notary public signature   |                  |   | My commission         |            |                           |  |  |  |  |  |  |
|---|------------------|---|-----------------------|------------|---------------------------|--|--|--|--|--|--|
|   |                  | expires   |                       |            |                           |  |  |  |  |  |  |
| How many birth certificates doyou want?   |                  |   |                       | Fee        | Subtotals                 |  |  |  |  |  |  |
| One certified birth certificate   |                  |   |                       | \$26       | \$26                      |  |  |  |  |  |  |
|   |                  |   | # of added            | \$19       |                           |  |  |  |  |  |  |
| Added copies are \$19 each if you buy them  | at the same time | e as one at \$26.   | copies                | <b>-</b> ' |                           |  |  |  |  |  |  |
|   |                  |   |                       | each       |                           |  |  |  |  |  |  |
| How many VA birth certificates do you wa  | nt?              |   |                       |            | ion 197.63, subdivision 1 |  |  |  |  |  |  |
| VA birth certificates are available free - for  | Veterans Affair. | s related purposes on   | # VA cer              | tificates  | \$0                       |  |  |  |  |  |  |
| The amount you pay must cover the certificates and services you requested above.  Amount due  |                  |   |                       |            |                           |  |  |  |  |  |  |
| NOTICE: Fees are payable at the time of application and are non-<br>refundable. Minnesota Statutes, section 144.226. (Must be \$26 or more) |                  |   |                       |            |                           |  |  |  |  |  |  |
| How do you want to pay? Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.                      |                  |   |                       |            |                           |  |  |  |  |  |  |
| ☐ Credit card   | Cardholder nam   | <u> </u>  | Valid thru MM/YY      |            |                           |  |  |  |  |  |  |
| MasterCard/VISA/Discover  |                  |   |                       | ,          |                           |  |  |  |  |  |  |
| **ADDITIONAL PROCESSING FEES WILL BE  | Card number      |   | 3-digit security code |            |                           |  |  |  |  |  |  |
| APPLIED**   |                  |   | ,                     |            |                           |  |  |  |  |  |  |
| Check #   |                  |   |                       |            |                           |  |  |  |  |  |  |
| ☐ Check   |                  | Make check or money order payable to <cvro name=""> and send by mail with application. DO NOT SEND CASH.</cvro> |                       |            |                           |  |  |  |  |  |  |
|   |                  |   |                       |            |                           |  |  |  |  |  |  |
| Money order #   |                  | Checks returned for non-payment will result in a \$30 charge to you. You  |                       |            |                           |  |  |  |  |  |  |
| ☐ Money order   |                  | could also face civil pen   | •                     |            |                           |  |  |  |  |  |  |
|   |                  | subdivision 2.  |                       |            |                           |  |  |  |  |  |  |
| Send your application and payment to:   |                  |   |                       |            |                           |  |  |  |  |  |  |
| BY MAIL:  |                  |   |                       |            |                           |  |  |  |  |  |  |
| McLeod County Auditor-Treasurer   |                  |   |                       |            |                           |  |  |  |  |  |  |
| Attention: License Center   |                  |   |                       |            |                           |  |  |  |  |  |  |
| 520 Chandler Avenue North   |                  |   |                       |            |                           |  |  |  |  |  |  |
| Glencoe, MN 55336   |                  |   |                       |            |                           |  |  |  |  |  |  |
|   |                  |   |                       |            |                           |  |  |  |  |  |  |
| United States Postal Express delivery is available – This is an additional fee of \$26.50   |                  |   |                       |            |                           |  |  |  |  |  |  |
| BY FAX: 320-864-3268  |                  |   |                       |            |                           |  |  |  |  |  |  |
| If you have questions, contact mcleod.auditor-treasurer@co.mcleod.mn.usor call 320-8364-1311.   |                  |   |                       |            |                           |  |  |  |  |  |  |

PAGE 2 OF 2 07/2021