



Certified Copy of Birth Certificate Request

Complete this form to order a certified copy of a Minnesota birth certificate.

The law requires you to provide information to order a birth certificate, *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600*. It is against the law to provide false information to get a birth certificate. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4*.

Information to locate the requested birth record

Subject	First name	Middle name	Last name	Suffix	
	Date of birth (mm/dd/yyyy) ____/____/____	<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth	County of birth	
Parents	First name	Middle name	Last name	Last name before 1 st marriage	Suffix
	First name	Middle name	Last name	Last name before 1 st marriage	Suffix

Person completing this application

Name			Date of birth (mm/dd/yyyy) ____/____/____		
Mailing address – Street		Apt/Unit #	City	State	ZIP
		Daytime phone	Email		

Information about birth certificates:
 Most Minnesota vital record information is public information. When a record is public, information and certificates are available to individuals who meet the legal requirements in items 1 - 14 below. Other vital record information is confidential. Data about the birth of a child to a woman who was not married to the child's father when that child was conceived or born are confidential. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 15 - 19.

MANDATORY — Check the boxes below that describe your relationship to the subject of the record:

Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)

- 1. The subject of the vital record (I am requesting my own birth record)
- 2. A child, grandchild or great-grandchild of the subject
- 3. Spouse of the subject (You must be the current spouse)
- 4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject
- 5. Party responsible for filing the record (generally a health professional or birth attendant)
- 6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
- 7. The health care agent for the subject (health care power of attorney is required)
- 8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate
- 9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate
- 10. Determination or protection of a personal or property right and proof that birth certificate is needed
- 11. Adoption agency — to complete post-adoption search (Employee ID is required)
- 12. Local/state/federal governmental agency (Employee ID is required)
- 13. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy
- 14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)

Birth certificates available only under the conditions or to the persons named below (Confidential records)

- 15. Parent named on the subject's record
- 16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
- 17. The subject, when 16 years or older
- 18. The Minnesota Department of Human Services, under certain circumstances
- 19. Pursuant to a valid, certified copy of a U.S. court order (**not** a subpoena) releasing the certificate

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Complete this form to order a certified copy of a Minnesota birth certificate.

Person completing this application - the requester:				
Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)				
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>				
Requester's signature		Notary Stamp/Seal		
Signed or attested before me on: _____ day of _____, 20_____				
Notary public signature	My commission expires			
Request and Payment Information		Request	Fee	Total
One birth certificate sent by First Class Mail®.		1	\$26	\$26
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?			\$19 each	
		Total amount due:		
		Amount must be at least \$26.		
Type of payment	<input type="checkbox"/> Check Check # _____		<input type="checkbox"/> Money order Money order # _____	
	Payable to: Polk County Recorder and sent by mail with application 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>			
Send application and payment to:				
Polk County Recorder 612 N. Broadway, Room 225 PO Box 397 Crookston, MN 56716				
If you have questions, please contact us at: recorder@co.polk.mn.us or call: 218-281-3464				