

Noncertified Birth Record Transcript Application

The noncertified transcript is for informational use only. It will not show an issuance office or issue date.

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

Please check one of the following:

- I would like a copy of the civil registration information on the birth record **(available for all Minnesota births from 1935 to present or 1875 to present for Polk County births)**
- I would like a copy of the civil registration and health information on the birth record **(available only to the mother named on the record and for births 2001 to present)**

Requester Information				
Name				
Mailing Address - Street	Apt/Unit#	City	State	ZIP
Daytime Phone	Email			

Data Classification of Birth Records (If you are requesting only the civil registration information on a public birth record, you may skip this part.)

A record may be confidential if the subject of the record was born to unmarried parents and the mother did not designate the record as public at the time of birth. A confidential record is available only to the individuals listed below.

- If you are requesting a copy of a confidential record, you must check one of the relationships below and your signature must be notarized.
- If you are the mother requesting health information on a public or confidential record, you must check your relationship below and your signature must be notarized.

- I am the subject of the record age 16 or older
- I am the parent
- I am the legal custodian, guardian or conservator of the subject **(include a certified copy of a court order showing this relationship)**
- I am a representative of the Minnesota Department of Human Services **(you must include a copy of your employee ID)**
- I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

Signature and Notary (Complete if you are requesting a confidential record or are the mother requesting a record with health information.)

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 willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

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Requester Name:

Fee and Payment Information

Item	Number Requested	Fee Per Item	Total
One (1) noncertified birth transcript	1	\$13.00	\$13.00
Optional: Additional noncertified transcript(s) for same birth record purchased now		\$6.00 each	
Total:			

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.

Make check or money order payable to Polk County Recorder.

Mail Certificate Request and Payment to:

Polk County Recorder

P.O. Box 397

Crookston, MN 56716

For questions, please call 218-281-3464 or e-mail recorder@co.polk.mn.us.