Birth Certificate Request

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both (Minnesota Statutes 144.227)

Information to find the requested birth record *Minnesota Rules 4601.2600*

Child/Subject

Child/subject first name	Child/subject middle name	Child/subject last name		
Date of birth (MM/DD/YYYY)	Sex ☐ Female ☐ Male	Minnesota city of birth	Minnesota county of birth	State of birth **MN**

Parents

Parent one first name	Parent one middle name	Parent one last name	Last name before 1st marriage
Parent two first name	Parent two middle name	Parent two last name	Last name before 1st marriage

REQUIRED – Requester information *Minnesota Rules, part 4601.2600*

Requester full name		Date of birth (MM/DD/YYYY)	Daytime phone (10-digit)
Requester street address		Apt/Unit #	Email
		City	State / ZIP Code

REQUIRED — Mark the boxes that describe your relationship to the subject of the record *Minnesota Statutes 144.225*

Marital status is important.
Records of children born to married parents are "public". That means that the certificate is available to those listed in items 1 – 16 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 17 – 21 may obtain confidential birth certificates.

"Public" birth records are available to individuals who meet any of the legal requirements in items 1-16

1. ☐ A parent named on the subject's record
2. ☐ A grandparent of the subject
3. ☐ A child of the subject
4. ☐ A grandchild of the subject
5. ☐ Spouse of the subject (You must be the current spouse)
6. ☐ I am the subject; I am requesting my own birth record
7. ☐ The legal custodian, guardian, or conservator of the subject (we need a copy of the court order that names you)
8. ☐ The health care agent for the subject (we need a valid "health care power of attorney" document)
9. ☐ Subject's personal representative who requires the birth certificate for administration of the subject's estate
10. ☐ Successor of a deceased subject who requires the birth certificate for administration of the subject's estate
11. ☐ Person who demonstrates a need for a birth certificate to determine or protect a personal or property right
12. ☐ Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)
13. ☐ Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).
14. ☐ Attorney – I represent the subject, or a person listed in items 1-14 above.
    My **Minnesota** Attorney License Number is: _____
    If you are a NON-Minnesota attorney, attach a copy of your attorney license.
15. ☐ Pursuant to a valid copy of a U.S. court order (not a subpoena) releasing the certificate
16. ☐ I have a signed statement from a person above; it specifies the subject's full name, date of birth, parents' names, the signer's relationship to the subject of the record and it authorizes me to obtain the certificate.

"Confidential" birth records are available only under the conditions, or to the person, in items 17-21

17. ☐ Parent named on the subject's record
18. ☐ The legal custodian, guardian, or conservator of the subject (you need a copy of a court order naming you)
19. ☐ The subject, when *16 years old or older*
20. ☐ 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)
21. ☐ Pursuant to a valid copy of a U.S. court order (**not** a subpoena) releasing the certificate

Requester's name:			
Requester's signature and notarization			*Minnesota Rules 4601.2600*
I certify that the information provided on this form is correct and complete to the best of my knowledge.			
Requester signature			
Notary	Signed or attested before me on: _____day of _____ , 20____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires:	

Fees and record request		**Fee**	**Total**
Certified birth certificate (first copy)		**$26**	
Additional copies	# of copies	**$19 each**	
Veteran's Affairs (VA) certificate (for VA purposes only)	# of copies	**$0**	
Shipping		**Fee**	
Standard First-class mail		**$0**	

- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

Total due	***Fees are due with the application and are nonrefundable.***	

Payment method

☐ **Credit card** MasterCard/Visa/Discover	**To pay with a credit card, please call our office at: (507) 725-5813**
☐ **Check** Check #	**Make check or money order payable to Houston County Recorder. DO NOT SEND CASH.** Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties *(Minnesota Statutes 604.113)*.
☐ **Money order** Money order #	

Send your request and payment to:	**Questions?**
Houston County Recorder 304 S Marshall St Room 111 Caledonia MN 55921	Contact Recorder's office at Recorder@HoCoMn.gov or (507) 725-5813