

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.

Information to find the requested birth record Minnesota Rules, part 4601.2600, subpart 2									2600, subpart 2	
ubject	Child/subject first name		Child/subject middle name				Child/subject last name			Name suffix
Child/Subject	Date of birth (MM/DD/YYYY)		ex l Female l Male	Minnesot	a city of birth	·		Minnesota cou	State of birth MN	
	Parent one first name	Paren	it one midd	Parent one las	st name		Last name bef	Name suffix		
Parents	Parent two first name	Paren	it two midd	lle name	Parent two las	st name		Last name bef	Name suffix	
Reques	ter - person completing this	appli	ication					Minnesota	Rules, part 4601	.2600, subpart 3
	Requester full name						birth D/YYY		Daytime phone	e (10-digit)
Requester	Requester mailing address – st	Apt/Uni	it#	Email						
						City				IP Code™
MAND	ATORY — Check the boxes b	elow	that desc	ribe your	relationship	to the	subje	ect of the rec	ord:	
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 – 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. Minnesota Statutes, section 144.225, subdivisions 2 and 7.										
"Public	" birth records are available	to in	<u>dividuals</u>	who mee	t any of the l	egal red	quire	ements in iter	ns 1-18	
1. □ A parent named on the subject's record 2. □ A grandparent of the subject 4. □ A child 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. If you are a NON-Minnesota attorney, attach a My Minnesota Attorney License Number is: copy of your attorney license. 17. □ Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate 18. □ 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 19-23										
19. Parent named on the subject's record										
 20. The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you) 21. The subject, when 16 years old or older 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) 23. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate										

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BIRTH CERTIFICATE APPLICATION

Person completing this application – the r	equester:									
Requester's signature and signature of notary public										
I certify that the information on this appl It is unlawful to give false information Minnesota Statutes, section 144.227.							il time or both.			
Requester's signature (Signature must match the name of the requester on page one)							Notary Stamp/Seal			
Signed or attested before me on:d										
Printed name of notary public										
Notary public signature	_									
How many birth certificates do you want	?					Fee	Subtotals			
One certified birth certificate Added copies are \$19 each if you buy them	me as one at \$26	5.	# of added copies		\$26 \$19 each	\$26				
II	+3						107.62			
How many VA birth certificates do you w						tatutes, sec tificates	tion 197.63, subdivision 1			
VA birth certificates are available free - fo	r Veterans Affa	irs related purp	oses o	nly	ii Vit cei	tineates	\$0			
Credit Card Transactions – Mandatory Fee if paying with credit card										
For Orders totaling \$1 - \$50, the fee is \$2 For Orders totaling \$51 - \$100, the fee is	1.50 \$3.00									
How do you want the certificates deliver						Fee	Choose Delivery			
Regular First-Class Mail®	-					\$0	,			
URGENT: Express Mail® (2-3 days) Price su					rvice	\$28.75	0			
Fees are due with the application and are non-	retundable. IVIIIII	iesota Statutes, sei	CUON 14	44.226			Amount due			
		Total d	ue = c	osts of	Birth certi	ficate(s)				
How do you want to pay?							T			
☐ Credit card	Cardholder name					Valid thru MM/YY				
MasterCard/VISA/Discover	Card number						3-digit security code			
Check#										
☐ Check Make check or money order payable to Winona County Recorder							County Recorder			
Money order #	-	ation. DO		•						
☐ Money order	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 your application and payment to:		·			,		,			
Mail your application, check, money order Winona County Vital Records 202 W 3 rd Street Winona, MN 55987		d information t	to (DO	NOT S	END CASH	i):				
FAX application with credit card information 507-454-9397										

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