



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

Section A Information to find the requested birth record Minnesota Rules, part 4601.2600, subpart 2

Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name		Name suffix
	Date of birth (MM/DD/YYYY)		<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth	State of birth MN
Parents	Parent 1: first name		Middle name		Last name	Last name before 1 st marriage	Name suffix
	Parent 2: first name		Middle name		Last name	Last name before 1 st marriage	Name suffix

Section B Requester - person completing this application Minnesota Rules, part 4601.2600, subpart 3

Requester	Name (please print)					Date of birth (MM/DD/YYYY)	
	Mailing address			Apt/Unit #	City	State	ZIP Code™
	Daytime phone			email			

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

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 individuals who meet any of the legal requirements in items 1-18

- | | | |
|---|---|--|
| 1. <input type="checkbox"/> A parent named on the subject's record | 2. <input type="checkbox"/> A grandparent of the subject | 3. <input type="checkbox"/> A great-grandparent of the subject |
| 4. <input type="checkbox"/> A child of the subject | 5. <input type="checkbox"/> A grandchild of the subject | 6. <input type="checkbox"/> A great-grandchild of the subject |
| 7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse) | 8. <input type="checkbox"/> I am the subject; I am requesting my own birth record | |
| 9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you) | | |
| 10. <input type="checkbox"/> The health care agent for the subject (we need a valid "health care power of attorney" document) | | |
| 11. <input type="checkbox"/> Subject's personal representative (we need a notarized statement that says you need the birth certificate to administer the estate) | | |
| 12. <input type="checkbox"/> Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate) | | |
| 13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of a personal or property right | | |
| 14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID) | | |
| 15. <input type="checkbox"/> Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record) | | |
| 16. <input type="checkbox"/> Attorney representing person listed in 1-14 above – My MN Attorney License # is: _____ NON-MN License? Affix copy | | |
| 17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate | | |
| 18. <input type="checkbox"/> 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

Section D 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. It is unlawful to give false information to get a birth certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227.

Requester's signature (Signature must match the name of the requester in Section B above.)		Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20____		
Notary public signature	My commission expires	

BIRTH CERTIFICATE APPLICATION

Section E		How many birth certificates do you want?	Fee	Subtotals
One certified birth certificate			\$26	\$26
Additional copies are \$19 each <i>if you buy them at the same time as one at \$26.</i>		# of add'l copies	x \$19	
			Total amount due: Amount must be at least \$26.	
Type of Payment	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money Order Money Order # _____		
	Make Check/MO payable to Aitkin County Recorder and send by mail with this application. DO NOT SEND CASH. 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:				
Aitkin County Recorder 307 2nd St NW Room 122 Aitkin, MN 56431		The Office of Vital Records returns applications that are: - incomplete - not signed in front of a notary public - not paid in full at the time of application		
If you have questions, contact recorder@co.aitkin.mn.us or call 218.927.7336.				