



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, unless the mother chooses to make the record public when the birth is registered. 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 **Circle the one that applies**
- 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 **Circle the one that applies**
- 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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Record ID # _____

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

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

If I am not eligible to receive the certificate I requested, ANOKA COUNTY will contact me.

Requester's signature	Date	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	
Add: Expedited Service – process <u>upon receipt</u> of your request. (<i>MN Statute 4601.0400</i>). Cost is per record. Use this service for one day processing.		\$20	
Total amount due: Amount must be at least \$26.			

Type of payment	<input type="checkbox"/> Credit card MasterCard VISA MAIL/FAX submissions, please enter card information below	<input type="checkbox"/> Check Check # _____ Payable to ANOKA COUNTY 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>
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Cardholder name	Card number (last 4 only when in person)
Security code (3 digits)	Expiration date

Send application and payment to:

County Office ANOKA COUNTY VITAL STATISTICS 2100 3 rd Ave Ste 119 Anoka MN 55303 If you have questions, please contact us: TEL: 763-324-1360 FAX: 763.324-1010 EMAIL: VitalStats@co.anoka.mn.us	DCN # _____ ID Viewed _____ ID # _____ Deputy _____ Receipt # _____
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