



Birth Certificate Application

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

You are required to provide the information requested on this form and pay the required fees to obtain a birth certificate.

If we cannot locate the record with the information you provide, we will send you a certified "Statement of No Birth Record Found".

It is unlawful 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	Subject's first name		Subject's middle name		Subject's last name
	Subject's date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's city of birth	Subject's county of birth
Parents	Parent one - first name	Parent one - middle name	Parent one - last name	Last name before 1 st marriage	Name suffix
	Parent two - first name	Parent two - middle name	Parent two - last name	Last name before 1 st marriage	Name suffix
Requester - person completing this application <i>Minnesota Rules, part 4601.2600, subpart 3</i>					
Requester name				Requester date of birth (mm/dd/yyyy)	
Requester mailing address – Street			Apt/Unit #	City	State
			Requester daytime phone	Requester email	
United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.					
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:					
<p>Marital status is important.</p> <p>Records of children born to married parents are "public". That means that the certificate is available to those listed in items 1 – 19 below.</p> <p>Records of children born to single mothers are "confidential" unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed below in items 20 – 24. Minnesota Statutes, section 144.225, subdivisions 2 and 7.</p>					
<i>Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)</i>					
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 requesting my own birth record 9. <input type="checkbox"/> Party responsible for filing the record (generally a health professional or birth attendant) 10. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 11. <input type="checkbox"/> The health care agent for the subject (health care power of attorney is required) 12. <input type="checkbox"/> Subject's personal representative; a certified copy is needed to administer the estate 13. <input type="checkbox"/> Successor of the subject (subject is dead); the certified copy is needed to administer the estate 14. <input type="checkbox"/> Determination or protection of a personal or property right and proof that birth certificate is needed 15. <input type="checkbox"/> Adoption agency — to complete post-adoption search (Employee ID is required) 16. <input type="checkbox"/> Local/state/tribal or federal governmental agency (Employee ID is required) 17. <input type="checkbox"/> Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix a copy 18. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate 19. <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.					
<i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i>					
20. <input type="checkbox"/> Parent named on the subject's record 21. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 22. <input type="checkbox"/> The subject, when 16 years or older 23. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (Employee ID is required) 24. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate					
Signature and Notary (application must be signed in front of a notary if applying by mail or fax)					
I certify that the information provided on this application is accurate and complete to the best of my knowledge.					
Requester's signature (Signature must match the name of the requester on page one)				Notary Stamp/Seal	
Signed or attested before me on: _____ day of _____, 20_____					
Notary public signature		My commission expires			

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

How many certificates do you want?	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	
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>			Total amount due: Amount must be at least \$26.
If I am not eligible to receive the certificate I requested, McLeod County will contact me. I give McLeod County permission to apply my payment to a follow up application.			
How do you want to pay?			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover **ADDITIONAL PROCESSING FEES WILL BE APPLIED**	Cardholder name Card number	Expiration date 3-digit security code	
<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____	Make your check or money order payable to McLeod County Auditor-Treasurer. 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:			
BY MAIL: McLeod County Auditor-Treasurer Attention: License Center 2391 Hennepin Avenue North Glencoe, MN 55336 United States Postal Express delivery is available – This is an <u>additional</u> fee of \$26.50 BY FAX: 320-864-3268 If you have questions , please contact us at mcleod.auditor-treasurer@co.mcleod.mn.us or call 320-864-1311.			

Please be sure that your application is signed in front of a notary if applying by mail, fax, or email.