



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
<small>United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.</small>				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. 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:								
<i>Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)</i>								
<input type="checkbox"/>	1. The subject of the vital record (I am requesting my own birth record)							
<input type="checkbox"/>	2. A child, grandchild or great-grandchild of the subject							
<input type="checkbox"/>	3. Spouse of the subject (You must be the current spouse)							
<input type="checkbox"/>	4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject							
<input type="checkbox"/>	5. Party responsible for filing the record (generally a health professional or birth attendant)							
<input type="checkbox"/>	6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/>	7. The health care agent for the subject (health care power of attorney is required)							
<input type="checkbox"/>	8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate							
<input type="checkbox"/>	9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate							
<input type="checkbox"/>	10. Determination or protection of a personal or property right and proof that birth certificate is needed							
<input type="checkbox"/>	11. Adoption agency — to complete post-adoption search (Employee ID is required)							
<input type="checkbox"/>	12. Local/state/federal governmental agency (Employee ID is required)							
<input type="checkbox"/>	13. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy							
<input type="checkbox"/>	14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)							
<i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i>								
<input type="checkbox"/>	15. Parent named on the subject's record							
<input type="checkbox"/>	16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/>	17. The subject, when 16 years or older							
<input type="checkbox"/>	18. The Minnesota Department of Human Services, under certain circumstances							
<input type="checkbox"/>	19. 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, fax, or email)								
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>								
Requester's signature						Notary Stamp/Seal		
Signed or attested before me on: _____ day of _____, 20_____								
Notary public signature				My commission expires				



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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	
Total amount due: Amount must be at least \$26.			

Type of payment	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money order Money order # _____	
	Payable to "Aitkin County Recorder" 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>		

Send application and payment to:	
<p>Aitkin County Recorder 307 2nd Street NW Room 122 Aitkin MN 56431</p> <p>If you have questions, please contact us at Recorder@co.aitkin.mn.us or call 218-927-7336.</p>	