

# 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						
Child/Subject	Child/subject first name		Child/subject middle name		Child/subject last name	Name suffix
	Date of birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth		Minnesota county of birth	State <b>MN</b>
Parents	Parent one first name	Parent one middle name	Parent one last name		Last name before 1 <sup>st</sup> marriage	Name suffix
	Parent two first name	Parent two middle name	Parent two last name		Last name before 1 <sup>st</sup> marriage	Name suffix
Requester - person completing this application						
Requester	Requester full name		Date of birth (mm/dd/yyyy)	Requester daytime phone (xxx-xxx-xxxx)		
	Requester mailing address – street <small>United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.</small>		Apt/Unit #	City	State	ZIP
	Requester email					
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:						
<p>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 – 19 below. Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed below in items 20 – 24. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7.</i></p>						
Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)						
<p>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"/> The subject of the vital record (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.</p>						
Birth certificates available only under the conditions or to the persons named below (Confidential records)						
<p>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, section 124D.23; Minnesota Statutes, chapter 260E; 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 (<b>not</b> a subpoena) releasing the certificate</p>						

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

Person completing this application – the requester:			
<b>Requester's signature and signature of notary public</b>			
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>			
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_____			
Printed name of notary			
Notary public signature			My commission expires
<b>How many certificates do you want?</b>		<b>Fee</b>	<b>Total</b>
One certified birth certificate.		\$26	<b>\$26</b>
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
<b>NOTICE: Fees are payable at the time of application and are non-refundable.</b> <i>Minnesota Statutes, section 144.226.</i>		<b>Total amount due:</b> Amount must be at least \$26.	
<b>How do you want to pay?</b>			
<input type="checkbox"/> <b>Check</b> Check # _____  <input type="checkbox"/> <b>Money order</b> Money order # _____	<p><b>Make your check or money order payable to "Lake of the Woods County Recorder" DO NOT SEND CASH.</b></p> <p>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></p>		
<b>Send application and payment to:</b>			
<p><b>Lake of the Woods County Recorder</b>  <b>Suite 280</b>  <b>206 8<sup>th</sup> Ave SE</b>  <b>Baudette, MN 56623</b></p> <p>We make every effort to process your request the same day it is received.</p> <p>Please call ahead to ensure the availability of staff to process your in-person request.</p> <p>If you have <b>questions</b>, please contact us at recorder@co.lotw.mn.us or call 218/634-1902</p>			