



Certified Copy of Birth Certificate Request

This request must be signed in the presence of a local registrar or notary public.

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 at birth	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							
Requester name:				Date of Birth:			
Requester mailing address:				Requester phone:			
				Requester 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 1 - 5 shown on page 2.							
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>							
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/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"/> Authorized representative listed in 1-18 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>							
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. (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							
Office Use Only	DL or ID Number:		Expiration date:		Initials:		
	DCN:		Receipt No.	Cash/Check#	Pre MRC		

Please select one of the following **if** this is a confidential record.

Signature and Notary (application must be signed in front of a notary if applying by mail)				
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>				
<i>If I am not eligible to receive the certificate I requested, Lake County Vital Records will contact me. I give Lake County Vitals permission to apply my payment to a follow up application.</i>				
Requester's signature		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			\$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 Lake County Vitals 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:				
Vital Records Lake County Courthouse 601 Third Avenue Two Harbors, MN 55616 If you have questions, please contact us at LakeCoVitals@co.lake.mn.us or call 218-834-8349.				