

# Birth Certificate Request

Use this form to order a Minnesota birth certificate. If we cannot find the birth record you request, we will send you a certified "Statement of No Birth Record Found." NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait.

*It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.*

Information to find 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 of birth <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)	Daytime phone (10-digit)	
	Requester street address				Apt/Unit #	Email	
					City	State	Zip code
REQUIRED — Check the boxes below that describe your relationship to the subject of the record:							
<b>Marital status is important.</b>							
Records of children born to married parents are "public". That means that the certificate is available to those listed in items 1 – 18 below. Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19 – 23 may obtain confidential birth certificates.							
<b>"Public" birth records are available to individuals who meet any of the legal requirements in items 1-18</b>							
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 the subject; I am requesting my own birth record				
9. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (we need a certified copy of the court order that names you)							
10. <input type="checkbox"/> The health care agent for the subject (we need a valid "health care power of attorney" document)							
11. <input type="checkbox"/> Subject's personal representative (we need a notarized statement that says you need the birth certificate to administer the estate)							
12. <input type="checkbox"/> Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)							
13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of a personal or property right							
14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)							
15. <input type="checkbox"/> Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).							
16. <input type="checkbox"/> Attorney – I represent the subject, or a person listed in items 1-14 above. <b>If you are a NON-Minnesota attorney, attach a copy of your attorney license.</b> My Minnesota Attorney License Number is:							
17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate							
18. <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.							
<b>"Confidential" birth records are available only under the conditions, or to the person, in items 19-23</b>							
19. <input type="checkbox"/> Parent named on the subject's record							
20. <input type="checkbox"/> The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)							
21. <input type="checkbox"/> The subject, when 16 years old or older							
22. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and, tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID)							
23. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order ( <b>not</b> a subpoena) releasing the certificate							

BIRTH CERTIFICATE REQUEST

<b>Requester's name:</b>			
<b>REQUIRED – Sign this form in front of a notary public</b>			
<i>I certify that the information provided on this application is correct 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
<b>Notary</b>	Signed or attested before me on: _____ day of _____, 20		
	Printed name of notary public		
	Notary public signature	My commission expires	
<b>Fees and records request</b>			<b>Fee</b>
First birth certificate			<b>\$26</b>
Additional birth certificates		# of extra copies	<b>\$19 each</b>
Veteran's Affairs (VA) birth certificate (for VA purposes only)		# of copies	<b>\$0</b>
<b>Processing</b>			<b>Fee</b>
Standard — request processed in the order received			<b>\$0</b>
<b>Shipping</b>			<b>Fee</b>
Regular first-class mail			<b>\$0</b>
<b>Total due</b>			
<i>Fees are due with the application and are non-refundable.</i>			
<b>Payment method</b>			
<input type="checkbox"/> <b>Check</b> Check # _____		<b>Make check or money order payable to Goodhue County Recorder. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.	
<input type="checkbox"/> <b>Money order</b> Money order# _____			
<b>Send your application and payment to:</b>			
<b>By Mail: Goodhue County Recorder 509 West 5th Street Red Wing, MN 55066</b>			
If you have <b>questions</b> , please contact us 651-385-3148.			