

# 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							
<b>Subject</b>	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	
<b>Parents</b>	First name		Middle name	Last name		Last name before 1 <sup>st</sup> marriage	Suffix
	First name		Middle name	Last name		Last name before 1 <sup>st</sup> marriage	Suffix
Person completing this application							
Name				Date of birth (mm/dd/yyyy) ____/____/____			
Mailing address – Street			Apt/Unit #	City		State	ZIP
United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.			Daytime phone				
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 ( <b>not</b> a subpoena) releasing the certificate							

# Certified Copy of Birth Certificate Request

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

Person completing this application - the requester:			
<b>Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)</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	Notary Stamp/Seal		
Signed or attested before me on: _____ day of _____, 20_____			
Notary public signature	My commission expires		
<b>Request and Payment Information</b>			<b>Request</b>
One birth certificate sent by First Class Mail®.			<b>1</b>
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?			\$19 each
Postal Express (optional) This is an <i>additional</i> fee that applies only to method of delivery.			\$26.35
			<b>Total amount due: Amount must be at least \$26</b>
<b>Type of payment</b>	<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	<b>Once we receive the application we will call the phone number listed on the application for credit card payment.</b>	
	If paying by credit card a \$1.50 convenience fee per birth certificate will be charged.		
	<input type="checkbox"/> <b>Money order</b> Money order # _____		
We accept applications to be <b>faxed</b> to 507-444-7470 , <b>emailed</b> to <a href="mailto:record.user@co.steele.mn.us">record.user@co.steele.mn.us</a> or <b>mailed</b> to the following address:			
<b>Steele County Recorder</b> <b>630 Florence Ave</b> <b>PO Box 890</b> <b>Owatonna, MN 55060</b>			
If you have questions, please contact us at <a href="mailto:record.user@co.steele.mn.us">record.user@co.steele.mn.us</a> or call <b>507-444-7490</b> .			