



# KANABEC COUNTY

## 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 <sup>st</sup> marriage	Suffix
	First name	Middle name	Last name	Last name before 1 <sup>st</sup> marriage	Suffix

Person completing this application - the requester					
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		Photo I.D.

**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:**

- Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)*
- 1. The subject of the vital record (I am requesting my own birth record)
  - 2. A child, grandchild or great-grandchild of the subject
  - 3. Spouse of the subject (You must be the current spouse)
  - 4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject
  - 5. Party responsible for filing the record (generally a health professional or birth attendant)
  - 6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
  - 7. The health care agent for the subject (health care power of attorney is required)
  - 8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate
  - 9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate
  - 10. Determination or protection of a personal or property right and proof that birth certificate is needed
  - 11. Adoption agency — to complete post-adoption search (Employee ID is required)
  - 12. Local/state/federal governmental agency (Employee ID is required)
  - 13. Attorney — my Minnesota Attorney License Number is: \_\_\_\_\_ NON-Minnesota license? Affix copy
  - 14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)

- Birth certificates available only under the conditions or to the persons named below (Confidential records)*
- 15. Parent named on the subject's record
  - 16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
  - 17. The subject, when 16 years or older
  - 18. The Minnesota Department of Human Services, under certain circumstances
  - 19. Pursuant to a valid, certified copy of a U.S. court order (not 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>				
<i>If I am not eligible to receive the certificate I requested, the Kanabec County Recorder's Office will contact me. I give Kanabec County Recorder's Office 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			
<b>Request and Payment Information</b>		<b>Request</b>	<b>Fee</b>	<b>Total</b>
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	
		<b>Total amount due:</b>		
		Amount must be at least \$26.		
<b>Type of payment</b>	<input type="checkbox"/> Credit card	<input type="checkbox"/> Check	<input type="checkbox"/> Money order	
	<input type="checkbox"/> Cash	Check # _____	Money order # _____	
<b>Payable to Kanabec County Recorder and sent by mail with application</b>				
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>				
<b>Send application and payment to:</b>				
<p><b>Kanabec County Recorder</b>  <b>18 North Vine Street</b>  <b>Mora MN 55051</b></p>				
If you have questions, please contact us at <a href="mailto:recorder@co.kanabec.mn.us">recorder@co.kanabec.mn.us</a> or call 320-679-6466				