



## INSTRUCTIONS FOR COMPLETING MINNESOTA CERTIFICATE OF BIRTH APPLICATION

Use this application only if you want a legal certified copy of a birth record.

### PART I: Birth Record Information

- Make sure all boxes are complete to the best of your knowledge.
- If you do not know information, please write "unknown." However, if we are not able to positively identify the birth record, we will return the application to you for more information or issue a certified copy of No Birth Record Found.
- If you are adopted and want a copy of your current, legal birth record, please use your adopted name and adopted parents' names.
- If you are requesting certificates for more than one birth record, you must complete a separate application for each record.

### PART II: Tangible Interest

- Minnesota law requires an individual to have "tangible interest" to obtain a birth certificate.
- You must check one of the relationships listed in this section and you cannot add a relationship not on the list.
- You must attach documentation to prove your relationship to the subject when required.

### PART III: Fee and Payment Information

- Please make your check or money order payable to **KANABEC COUNTY RECORDER**. Fees are nonrefundable per Minnesota Statutes, section 144.226, subdivision 1.

### PART IV: Requester and Notary Information

- The requester is the person applying for the certificate, not the subject of the birth record.
- The requester's date of birth is required to process the application.
- If you do not have a phone number or email address, please write "none."
- You must sign the application in front of a notary public and the notary must provide a signing date.
- The notary's stamp or seal (if required in your state) must be readable on the application.

Mail application and fees to:  
**Kanabec County Recorder**  
**18 N VINE STREET**  
**MORA MN 55051**



## Birth Certificate Application

*The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.*

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

Requester Information				
Name			Date of Birth	
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

What is your relationship to the subject of the record (tangible interest)? You must check one.
<input type="checkbox"/> I am the subject of the record <input type="checkbox"/> I am the child of the subject <input type="checkbox"/> I am the spouse of the subject <input type="checkbox"/> I am the parent <input type="checkbox"/> I am the grandparent of the subject <input type="checkbox"/> I am the grandchild of the subject <input type="checkbox"/> I am the party responsible for filing the birth record <input type="checkbox"/> I am the legal custodian, guardian or conservator of the subject <b>(you must include a certified copy of a court order showing this relationship)</b> <input type="checkbox"/> I am the health care agent of the subject <b>(you must include the health care agent power of attorney)</b> <input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate <input type="checkbox"/> I am a successor of the subject as defined my MN statutes, section 524.1-201, and the subject is deceased <input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights <b>(you must submit documentation showing this relationship)</b> <input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search <b>(you must include a copy of your employee ID)</b> <input type="checkbox"/> I am an attorney and I have attached proof of my licensure <input type="checkbox"/> I am presenting your office with a court order issued by a court of competent jurisdiction <b>(this must be a certified copy)</b> <input type="checkbox"/> I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties <b>(you must include a copy of your employee ID)</b> <input type="checkbox"/> I am a representative authorized by a person listed above <b>(you must include a notarized statement from a person listed above)</b>

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)	
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>	
Requester Signature	
Signed or attested before me on: _____ day of _____, 20____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

**PENALTIES:** Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).