



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.

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

Signature and Notary (application must be signed in front of a notary if applying by mail or fax)

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

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).



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Requestor Name:

Fee and Payment Information

Item	Fee Per Item	Total
First Birth Certificate	\$26.00	
Additional Certificate(s) for this Birth Record requested at this time	\$19.00	
First Class Mail	First Class mail is the default mailing method if another mailing option is not selected.	\$0.00
Express Mail (Optional)	Express or Priority mail is suggested for your valuable personal documents as it can be traced when mailed. Every effort will be made to process & ship the same business day the request is received but not guaranteed.	\$22.95
Priority Mail (Optional)		\$6.45
<input type="checkbox"/> Check		\$0.00
<input type="checkbox"/> Credit Card-A \$1.95 convenience fee is charged for credit card transactions. This will show on your statement as a separate charge.		\$1.95
Name on Card:		
Card Number:		
Expiration Date:	Billing Zip Code:	
Total:		

Due to high administrative costs, we are unable to issue refunds for overpayment. Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send Application and Payment to:

Mail application and check to:
Clay County Recorder
PO BOX 280
807 11th St N
Moorhead, MN 56560

OR

Fax application and credit card information to:
866-908-2452

**Email: recorder@co.clay.mn.us
 218-299-5031**