



# Birth Certificate Application

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

You must fill in the information we ask for on this form. We need the information to find the correct birth record and to make sure that you may receive the certificate. If we cannot find the birth record you asked for, we will send you a certified "Statement of No Birth Record Found". *Minnesota Rules, part 4601.2600*

**Information to find the requested birth record** *Minnesota Rules, part 4601.2600, subpart 2*

|                      |                            |  |   |                         |                         |                           |   |                             |             |
|----------------------|----------------------------|--|---|-------------------------|-------------------------|---------------------------|---|-----------------------------|-------------|
| <b>Child/Subject</b> | Child/subject first name   |  | Child/subject middle name   |                         | Child/subject last name |                           | Name suffix                               |                             |             |
|                      | Date of birth (MM/DD/YYYY) |  | Sex<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male | Minnesota city of birth |                         | Minnesota county of birth |   | State of birth<br><b>MN</b> |             |
| <b>Parents</b>       | 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** *Minnesota Rules, part 4601.2600, subpart 3*

|                  |                                    |  |  |  |                            |  |                          |           |
|------------------|------------------------------------|--|--|--|----------------------------|--|--------------------------|-----------|
| <b>Requester</b> | Requester full name                |  |  |  | Date of birth (MM/DD/YYYY) |  | Daytime phone (10-digit) |           |
|                  | Requester mailing address – street |  |  |  | Apt/Unit #                 |  | Email                    |           |
|                  |                                    |  |  |  | City                       |  | State                    | ZIP Code™ |

**MANDATORY — Check the boxes below that describe your relationship to the subject of the record:**

**Marital status is important.** 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. *Minnesota Statutes, section 144.225, subdivisions 2 and 7.*

**"Public" birth records are available to individuals who meet any of the legal requirements in items 1-18**

- |   |   |  |
|---|---|--|
| 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. |   |  |

**"Confidential" birth records are available only under the conditions, or to the person, in items 19-23**

19.  Parent named on the subject's record
20.  The legal custodian, guardian, or conservator of the subject (you need a certified copy of a court order naming you)
21.  The subject, when 16 years old or older
22.  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.  Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

**Requester's signature and signature of notary public**

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

|   |  |                       |
|---|--|-----------------------|
| Requester's signature<br>(Requester named above must sign here) |  | Notary Stamp/Seal     |
| Signed or attested before me on: _____ day of _____, 20__       |  |                       |
| Printed name of notary public                                   |  | My commission expires |
| Notary public signature   |  |                       |

BIRTH CERTIFICATE APPLICATION

| How many certificates do you want?   | Request | Fee       | Total |
|--|---------|-----------|-------|
| One certified birth certificate sent by USPS   | 1       | \$26      | \$26  |
| How many <i>additional</i> certificate(s) do you want to purchase for this birth record now? |         | \$19 each |       |
| One Non-Certified birth certificate  |         | \$13.00   |       |
| USPS Priority Mail® (Optional)   |         | \$9.90    |       |
| Credit Card – A \$1.95 convenience fee is charged for credit card transactions.              |         | \$1.95    |       |

**NOTICE: Fees are payable at the time of application and are non-refundable.** **Total amount due:**  
*Minnesota Statutes, section 144.226.* Amount must be at least \$26.

If I am not eligible to receive the certificate I requested, the Clay County Recorder’s Office will contact me. I give the Clay County Recorder permission to apply my payment to a follow up application.

**How do you want to pay?**

|  |  |                  |
|--|--|------------------|
| <input type="checkbox"/> <b>Credit card</b><br>MasterCard/VISA/Discover/<br>AMEX | Cardholder name  | Expiration date  |
|  | Card number: PLEASE CALL OUR OFFICE WITH YOUR INFORMATION<br>AFTER SENDING APPLICATION<br>218-299-5031 SELECT “0” to SKIP MENU | Billing Zip Code |

**Check**  
 Check # \_\_\_\_\_

**Money order**  
 Money order # \_\_\_\_\_

**Make your check or money order payable to Clay County Recorder. DO NOT SEND CASH.**

Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. *Minnesota Statutes, section 604.113, subdivision 2.*

**Send application and payment to:**

**Clay County Recorder**

**Mail:**  
 Clay County Recorder  
 PO Box 280  
 3510 12th Ave S  
 Moorhead, MN 56561-0280

**Fax:**  
 866-908-2452 (Please call after sending fax to ensure fax was received)

**E-mail:**  
[recorder@claycountymn.gov](mailto:recorder@claycountymn.gov)

If you have **questions**, please contact us at [recorder@claycountymn.gov](mailto:recorder@claycountymn.gov) or call 218-299-5031.