



Birth Certificate Application

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	Subject's first name		Subject's middle name		Subject's last name		Name suffix
	Subject's date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's city of birth		Subject's county of birth	
Parents	Parent one - first name	Parent one - middle name	Parent one - last name		Last name before 1 st marriage	Name suffix	
	Parent two - first name	Parent two middle name	Parent two last name		Last name before 1 st marriage	Name suffix	

Person completing this application

Requester name				Requester date of birth (mm/dd/yyyy)			
Requester mailing address – Street			Apt/Unit #	City		State	ZIP
Requester daytime phone			Requester email				

United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.

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 - 19 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, unless the mother chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 – 24.

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 1-19 below (Public records)

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"/> The subject of the vital record (I am requesting my own birth record)		
9. <input type="checkbox"/> Party responsible for filing the record (generally a health professional or birth attendant)		
10. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)		
11. <input type="checkbox"/> The health care agent for the subject (health care power of attorney is required)		
12. <input type="checkbox"/> Subject's personal representative; a certified copy is needed to administer the estate		
13. <input type="checkbox"/> Successor of the subject (subject is dead); the certified copy is needed to administer the estate		
14. <input type="checkbox"/> Determination or protection of a personal or property right and proof that birth certificate is needed		
15. <input type="checkbox"/> Adoption agency – to complete post-adoption search (Employee ID is required)		
16. <input type="checkbox"/> Local/state/tribal or federal governmental agency (Employee ID is required)		
17. <input type="checkbox"/> Attorney – my Minnesota Attorney License Number is: _____		NON-Minnesota license? Affix a copy
18. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate		
19. <input type="checkbox"/> Authorized representative listed in 1-18 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)

20. <input type="checkbox"/> Parent named on the subject's record
21. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
22. <input type="checkbox"/> The subject, when 16 years or older
23. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (Employee ID is required)
24. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

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's signature		Notary Stamp/Seal	
Signed or attested before me on: _____ day of _____, 20_____			
Notary public signature	My commission expires		



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

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)		\$7.95	
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"/> Credit card MasterCard/VISA/Discover/ AMEX	Cardholder name	Expiration date
	Card number: PLEASE CALL OUR OFFICE WITH YOUR INFORMATION AFTER SENDING APPLICATION 218-299-5031 SELECT "0" to SKIP MENU	Billing Zip Code
<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> 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. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	

Send application and payment to:

Clay County Recorder

Mail:
 Clay County Recorder
 PO Box 280
 3510 12th Ave S
 Moorhead, MN 56560

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

E-mail:
recorder@co.clay.mn.us

If you have **questions**, please contact us at recorder@co.clay.mn.us or call 218-299-5031.