



Birth Certificate Application

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

You are required to provide the information requested on this form and pay the required fees to obtain a birth certificate.

If we cannot locate the record with the information you provide, we will send you a certified "Statement of No Birth Record Found". It is unlawful 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

Requester - person completing this application *Minnesota Rules, part 4601.2600, subpart 3*

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.

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 1–19 below.
 Records of children born to single mothers are "confidential" unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed below in items 20–24. Minnesota Statutes, section 144.225, subdivisions 2 and 7.

Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)

1. A parent named on the subject's record
2. A grandparent of the subject
3. A great-grandparent of the subject
4. A child of the subject
5. A grandchild of the subject
6. A great-grandchild of the subject
7. Spouse of the subject (You must be the current spouse)
8. I am requesting my own birth record
9. Party responsible for filing the record (generally a health professional or birth attendant)
10. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
11. The health care agent for the subject (health care power of attorney is required)
12. Subject's personal representative; a certified copy is needed to administer the estate
13. Successor of the subject (subject is dead); the certified copy is needed to administer the estate
14. Determination or protection of a personal or property right and proof that birth certificate is needed
15. Adoption agency — to complete post-adoption search (Employee ID is required)
16. Local/state/tribal or federal governmental agency (Employee ID is required)
17. Attorney — my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix a copy
18. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate
19. 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.

Birth certificates available only under the conditions or to the persons named below (Confidential records)

20. Parent named on the subject's record
21. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
22. The subject, when 16 years or older
23. 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. 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 (Signature must match the name of the requester on page one)		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 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	
NOTICE: Fees are payable at the time of application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>		Total amount due: Amount must be at least \$26.	
If I am not eligible to receive the certificate I requested, Kandiyohi County will contact me. I give Kandiyohi County permission to apply my payment to a follow up application.			
How do you want to pay? There will be a convenience fee for credit card transactions. Under \$40=\$1 Over \$40 = 2.5%			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Expiration date
	Card number		3-digit security code
<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____		Make your check or money order payable to KANDIYOHI COUNTY RECORDER. DO NOT SEND CASH AND NO OUT OF STATE CHECKS. <small>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></small>	
Send application and payment to:			
<p>KANDIYOHI COUNTY RECORDER 400 BENSON AVE SW PO BOX 736 WILLMAR, MN 56201</p> <p>By Fax: 320-231-6284</p> <p>By Email: recorder@kcmn.us</p> <p>If you have questions, please contact us at or call 320-231-6223</p>			