



Certified Copy of Birth Certificate Request

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	First name		Middle name		Last name	Suffix	
	Date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	City of birth		County of birth	
Parents	First name		Middle name	Last name		Last name before 1 st marriage	Suffix
	First name		Middle name	Last name		Last name before 1 st marriage	Suffix
Person completing this application							
Name					Date of birth (mm/dd/yyyy)		
Mailing address – Street			Apt/Unit #	City		State	ZIP
<small>United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.</small>			Daytime phone		Email		
Information about birth certificates:							
<p>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 - 14 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. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 15 - 19.</p>							
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:							
<i>Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)</i>							
<input type="checkbox"/> 1. The subject of the vital record (I am requesting my own birth record)							
<input type="checkbox"/> 2. A child, grandchild or great-grandchild of the subject							
<input type="checkbox"/> 3. Spouse of the subject (You must be the current spouse)							
<input type="checkbox"/> 4. A parent named on the subject's record, or a grandparent or great-grandparent of the subject							
<input type="checkbox"/> 5. Party responsible for filing the record (generally a health professional or birth attendant)							
<input type="checkbox"/> 6. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/> 7. The health care agent for the subject (health care power of attorney is required)							
<input type="checkbox"/> 8. Subject's personal representative, with sworn affidavit, if certified copy needed to administer the estate							
<input type="checkbox"/> 9. Successor of the subject, only if subject is dead and certified copy is needed to administer the estate							
<input type="checkbox"/> 10. Determination or protection of a personal or property right and proof that birth certificate is needed							
<input type="checkbox"/> 11. Adoption agency — to complete post-adoption search (Employee ID is required)							
<input type="checkbox"/> 12. Local/state/federal governmental agency (Employee ID is required)							
<input type="checkbox"/> 13. Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix copy							
<input type="checkbox"/> 14. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)							
<i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i>							
<input type="checkbox"/> 15. Parent named on the subject's record							
<input type="checkbox"/> 16. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)							
<input type="checkbox"/> 17. The subject, when 16 years or older							
<input type="checkbox"/> 18. The Minnesota Department of Human Services, under certain circumstances							
<input type="checkbox"/> 19. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate							



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

Person completing this application - the requester:

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

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

If I am not eligible to receive the certificate I requested, the Beltrami County License Center will contact me. I give the Beltrami County License Center permission to apply my payment to a follow up application.

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

Request and Payment Information	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	
Total amount due:			
Amount must be at least \$26.			

Type of payment	Credit card CURRENTLY NOT AVAILABLE Enter card information below	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money order Money order # _____
	Payable to Beltrami County and sent by mail with application 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>		

Cardholder name	Card number
3-digit security code	Expiration date

Send application and payment to:

**Beltrami County License Center
 Beltrami County Administration Building
 701 Minnesota Ave NW Suite 100
 Bemidji, MN 56601**

If you have questions, please contact us at Beltrami.licensecenter@co.beltrami.mn.us or call 218-333-4148