



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: 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.								
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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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>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>				
<i>If I am not eligible to receive the certificate I requested, Carlton County will contact me.</i>				
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	<input type="checkbox"/> Check Check # _____	<input type="checkbox"/> Money order Money order # _____	Payable to the Carlton County Treasurer 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>	
Send application and payment to:				
If By Mail: Carlton County Recorder's Office P.O. Box 70 Carlton, MN 55718 If By Courier: Carlton County Recorder's Office 301 Walnut Carlton, MN 55718				
If you have questions, please contact us at vitalrecords@co.carlton.mn.us or call 218-384-9156.				