



MINNESOTA BIRTH RECORD APPLICATION – CERTIFICATE OF BIRTH

This application must be signed in the presence of a notary public or a local registrar.

If boxes are incomplete the application may not be processed.

Mail completed application and check payable to: **Lac qui Parle County Recorder, 600 6th St. Ste4, Madison MN 56256**
If you have questions, please e-mail recorder@lqpc.com or call 320-598-3724.

PART I: Birth Record Subject Information

FIRST NAME		MIDDLE NAME	LAST NAME (at BIRTH)
DATE OF BIRTH	GENDER	CITY and COUNTY OF BIRTH	
MOTHER'S FIRST NAME		MIDDLE NAME	MAIDEN NAME
FATHER'S FIRST NAME		MIDDLE NAME	LAST NAME

PART II: What is your relationship to the subject? (Please check only ONE.)

<input type="checkbox"/> I am the subject.	<input type="checkbox"/> I am the parent listed on the record.
<input type="checkbox"/> I am the child of the subject.	<input type="checkbox"/> I am the grandparent of the subject.
<input type="checkbox"/> I am the spouse of subject.	<input type="checkbox"/> I am the grandchild of the subject.
<input type="checkbox"/> I am the party responsible for filing the birth record.	<input type="checkbox"/> I am the health care agent of the subject (you must submit a Health Care Agent Power of Attorney)
<input type="checkbox"/> I am the legal custodian, guardian or conservator of the subject. (Must present certified copy of court order to this effect)	
<input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate (must submit a sworn affidavit)	
<input type="checkbox"/> I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. (you must submit documentation showing this relationship)	
<input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search.(you must provide a photocopy of your must show employee ID)	
<input type="checkbox"/> I am an attorney and have attached proof of my licensure	<input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a court of competent jurisdiction.
<input type="checkbox"/> I am a successor of the subject as defined by MN statutes, section 524.1-201, and the subject is deceased (you must include a sworn affidavit of the fact that the certified copy is required for administration of the estate)	
<input type="checkbox"/> I represent a local, state, or federal governmental agency and the vital record is necessary for the governmental agency to perform its authorized duties (please submit a photocopy of your employee ID)	
<input type="checkbox"/> I am a representative authorized by a person listed above. (Must present a notarized statement in addition to the application.)	

PURPOSE FOR YOUR REQUEST:

PART III: Requestor / Applicant Information:

FIRST NAME	MIDDLE NAME	LAST NAME (Current Legal Name)	DATE OF BIRTH
MAILING STREET ADDRESS (If using a Post Office Box Number, you must also include a street address)			
CITY	STATE	ZIP	DAYTIME PHONE NUMBER
E-MAIL ADDRESS			

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

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

Applicant Signature: _____ *DATE* _____

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota Statutes, sec.144.227 and sec.609.02, subd.3 & 4).

IF APPLYING IN PERSON, YOU MUST PRESENT A VALID AND CURRENT FORM OF PHOTO IDENTIFICATION

<p>Signature must be notarized if applying by mail, email or fax.</p> <p>Subscribed and sworn before me this ____ day of _____, 20____ (Seal)</p> <p>_____ (Notary Public Signature) My commission expires: _____</p>	<p><i>For Administrative Use Only</i></p> <p>DL/ID at State of _____</p> <p>DL/ID # _____</p> <p>Officer's Initials _____</p>
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Certificate of Birth Fee Worksheet

FEE INFORMATION				
Print name of person applying as it appears on the application:	FIRST	M.I.	LAST	
	Item (Name of Birth Record SUBJECT):	Quantity Requested	Fee per item	Total
	One/First certificate for each birth record	1	\$26	\$26
	Additional birth certificates for the same subject (optional)		\$19 each	\$
	Total Amount submitted by mail (personal or bank check, or money order only) (you may also apply by fax or email and call our office with credit card information: see our disclosures on our website at www.lqpc.com/recorder.php)			\$

Instructions for Completing the Application for a Birth Certificate and Fee Worksheet

Ordering a certificate of birth from Lac qui Parle County Local Registrar:

- **Minnesota has a standard certificate that contains the following information:** child's name, date of birth, sex, city of birth, parents' names and parents' birth places.
- Minnesota no longer has a "long" form or photocopy certificate. However, you can request a non-certified copy of a birth record that gives you more information about the birth.
- The office of the State Registrar does not issue apostilles. You may request an apostille from the Minnesota Secretary of State's office.
- A separate application must be completed for each individual's birth record.
- Your application could be returned for more information if boxes are left incomplete.

Part 1

- Please make sure that all boxes are complete to the best of your knowledge.
- If we cannot positively identify the birth record, you will receive a notice that there is not a registration.
- If adopted, use your adoptive name and adoptive parents' names.

Part II

- You must check **only one** of the relationships in this section.
- If you are the subject and your parents were not married at the time of your birth, you must be 16 to obtain your certificate.
- The parties responsible for filing the birth record are:
 - Hospital
 - Midwife
 - Parent if child is born at home without a midwife.
- Please attach additional documentation of proof when requested on the application. (Example: Court ordered custody)

Part III

- **The person listed in part III is the person applying for the certificate.**
- If you do not have a phone or email address, please enter "none" in that box.
- You must sign the application in the presence of a notary.
- Your signed date and the notary date must be the same.
- The notary stamp must be clear on the application unless your state does not provide a notary stamp or seal.

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