

Birth Certificate Application

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

You must fill in the information we ask for on this form. We need the information to find the correct birth record and to make sure that you may receive the certificate. If we cannot find the birth record you asked for, we will send you a certified "Statement of No Birth Record Found". *Minnesota Rules, part 4601.2600*

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/Subjec		na the rec					ta Rules, part 4601.	2600, subpart 2 Name suffix			
S Dat	ild/subject first name	Child/subject middle name Child			iid/subject last nar	l/subject last name					
7	te of birth (MM/DD/YYYY	Minnesota	Minnesota city of birth			Minnesota county of birth					
Chilo		ale e				,					
	rent one first name	Parent one	e middle name	Parent one last name		Last name befo	Last name before 1 st marriage				
Parents Par	rent two first name	Parent two	middle name Parent two las		t name	Last name befo	Last name before 1 st marriage				
Section	B Requester - perso	on comple	ting this annlic	ation		Minneso	ta Rules nart 1601	2600 subpart 3			
				Minnesota Rules, part 4601.2600, subpart 3 Date of birth (MM/DD/YYYY) Daytime phone (10-digit)							
	Requester full name										
C)	Requester mailing address – street (United Parcel Service (UPS) will not deliver to PO boxes or APO addresses.)					ŧ Email					
Rec						I	State ZI	P Code™			
Section		Chack the	hoves below t	hat doscribo y	our rolati	ionshin to tho su	hight of the rec	ord			
	C MANDATORY — status is important.		BOYES DEIOM [nat describely	our relati	ionship to the su	bject of the rec	oru.			
	of children born to marrie	ed parents	are "public". Tha	t means that th	e certificat	te is available to th	ose listed in item	s 1 – 18			
	ecords of children born t										
	nly the persons listed belo	-					•				
	ta Statutes, section 144.2		-								
"Public"	" birth records are avai	lable to in	ndividuals who	meet any of t	he legal r	equirements in it	tems 1-18				
1. \Box A parent named on the subject's record 2. \Box A grandparent of the subject 3. \Box A great grandparent of the subject											
4. \Box A child of the subject 5. \Box A grandchild of the subject 6. \Box A great-grandchild of the subject											
7. 🗆 Spouse of the subject (You must be the current spouse) 8. 🗆 I am the subject; I am requesting my own birth record											
	e legal custodian, guardia						der that names y	ou)			
	he health care agent for the										
	ibject's personal represer	-						-			
12. 🗆 Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)											
13. Proof that you need a birth certificate for the determination or protection of a personal or property right											
14. \Box Adoption agency — to complete post-adoption search (we need a copy of your Employee ID)											
15. Local/state/tribal or federal governmental agency (we need a copy of your Employee ID) (Best practice: wait for family to verify the record).											
16. Attorney – I represent the subject, or a person listed in items 1-14 above. If you are a NON-Minnesota attorney, attach a copy											
	My Minnesota Attorney License Number is: of your attorney license. 17. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate										
Му N	management and a second second second		r is:		of y	our attorney licen	=	-			
My N 17. 🗆 Pu		d copy of a	r is: U.S. court order	(not a subpoer	of y a) releasin	your attorney licen ng the certificate	se.	attach a copy			
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My N 17. □ Pu 18. □ I h re	nave a signed statement f elationship to the subject	d copy of a rom a pers of the recc	r is: U.S. court order on above; it spec ord and it authori:	(not a subpoer ifies the subjec zes me to obtai	of y ia) releasin t's full nam <u>n the certit</u>	your attorney licen ng the certificate ne, date of birth, pa ficate.	se. arents' names, the	attach a copy			
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Person completing this application – the re	equester:										
Section D Requester's signature and signature of notary public											
<i>I certify that the information on this application is correct and complete to the best of my knowledge.</i> It is unlawful to give false information to get a birth certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227.											
Requester's signature (Signature must match t	Notary	Notary Stamp/Seal									
Signed or attested beforeme on:da	ıy of,:	20									
Printed name of notary public											
Notary public signature			My commis expires	sion							
Section E How many birth certif	icates doyou w	ant?				Subtotals					
One certified birth certificate					\$26	\$26					
Added copies are \$19 each if you buy them		# of added copies e									
Section F How many VA birth ce	rtificates do vo	u want?	N	linnesota Sta	itutes, sect	ion 197.63, subdivision 1					
VA birth certificates are available free - for					rtificates	\$0					
Section G Do you want standard	l or faster proce	essing?			Fee	Choose processing					
Standard – request processed in the order					\$0						
Faster – your request goes ahead of stand		oes not include U	IPS [®] deliver	v)	\$20	Enter \$0 or \$20					
Section H How do you want us t	Fee	Choose delivery									
Regular First-Class Mail [®]	\$0										
United Parcel Service (UPS®)	\$16	Enter \$0 or \$16									
For UPS [®] delivery, check here to require a signature. The Office of Vital Records and UPS [®] are not responsible for deliveries											
that do not require a signature. UPS [®] will not deliver to PO boxes or APO addresses. If you want UPS [®] delivery to an address outside of the United States, you must include a UPS [®] prepaid envelope when you mail your application and fees.											
Section I The amount you pay r above.	nust cover the	certificates and s	ervices you	requeste	d	Amount due					
	H above or more)										
Section J How do you want to p	eay? Fees 144.2		lication and are	non-refund	a ble. Minne	esota Statutes, section					
Credit card	Cardholder name					Valid thru MM/YY					
MasterCard/VISA/Discover	Card number					3-digit security code					
Check #	Make check or money order payable to the Renville County Recorder and send by mail with application. DO NOT SEND CASH.										
Money order #	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>										
Section K Send your application	and payment										
By mailRenville County Record(Do not send cash)500 E DePue Ave SteOlivia, MN 56277	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application.										

If you have questions, please contact us at Recorder@renvillecountymn.gov or call 320-523-3669