



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 |
| United Parcel Service (UPS) will not deliver to PO boxes or APO addresses. | | | 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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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.

| | | | |
|--|-----------------------|-------------------|--|
| 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 | | \$19 each | |
| Express Mail or Priority Mail delivery (Optional) This is an additional fee that applies only to the method of delivery. | | Current Rate | |

Total amount due:
Amount must be at least \$26.

| | | | |
|------------------------|--|--|--|
| Type of payment | <input type="checkbox"/> Credit card MasterCard/VISA/Discover/ American Express Enter card information below | <input type="checkbox"/> Check Check # _____ | <input type="checkbox"/> Money order Money order # _____ |
| | Payable to Lyon County Recorder 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> Due to high administrative costs, we are unable to issue refunds for overpayment. | | |

If paying by credit card there will be an additional convenience fee added. \$1.00 for transactions less than \$40 and 2.49% for transactions \$40.00 and over.

| | |
|-----------------------|-----------------|
| Cardholder name | Card number |
| 3-digit security code | Expiration date |

Send application and payment to:

By Fax: 507-537-7988

By Mail: *Michelle DeSmet*
Lyon County Recorder
607 West Main Street
Marshall MN 56258

By Email: michelledesmet@co.lyon.mn.us

If you have questions, please contact us at **507-537-6722**.