

Noncertified Birth Certificate Application

*The noncertified transcript is for informational use only.
It will not show an issuance office or issue date.*

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	___ Male ___ Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

Please check one of the following

I would like a copy of the civil registration on the birth record **(available for all births 1900 to present)**

I would like a copy of the civil registration and health information of the birth record **(available only to the mother named on the record and for births 2001 to present)**

Requester Information				
Name			Date of Birth	
Mailing Address-Street	Apt./Unit#	City	State	Zip
Daytime Phone	Email Address			

Data Classification of Birth Records

(If you are requesting only a civil registration information on a public record, you may skip this part)

A record may be confidential if the subject of the record was born to unmarried parents and the mother did not designate the record as public at the time of birth. A confidential record is available only to the individuals listed below.

- If you are requesting a copy of a confidential record, you must check one of the relationships below and your signature must be notarized.
- If you are the mother requesting health information on a public or confidential record, you must check your relationship below and your signature must be notarized.

I am the subject of the record age 16 or older

I am the parent

I am the legal custodian, guardian or conservator of the subject **(include a copy of a court order showing this relationship)**

I am a representative of the Minnesota Department of Human Services **(you must include a copy of your employee ID)**

I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**

I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

Signature and Notary

(Complete if you are requesting a confidential record or are the mother requesting a record with health information)

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

Requester Signature	
Signed or attested before me on: ___ day of _____, 20___	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

PENALTIES: Any person who willfully and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

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Requester Name: _____	Name on Birth Record: _____
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Fee and Payment Information			
Item	Number Requested	Fee per item	Total
First non-certified birth transcript	1	\$13	\$13
Additional non-certified for the same birth record (optional)		\$6 each	
Express Mail delivery (Optional) This is an additional fee that applies only to the method of delivery.		Current Rate	
TOTAL amount submitted or to be charged to credit card			
Type of payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card			
If paying by credit card there will be an additional convenience fee added. MasterCard/VISA/Discover/American Express \$1.00 for transactions less than \$40 and 2.49% for transactions \$40 and over			
If paying by credit card please choose one <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> VISA <input type="checkbox"/> American Express			
Name on card: _____		Card Number: _____	
3 digit security code on back of card: _____		Expiration date: _____	
If paying by check or money order (make payable to Lyon County Recorder) Check/Money Order Number: _____			

Due to high administrative costs, we are unable to issue refunds for overpayment.
Checks returned for non-payment will be charged a \$30.00 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send application and payment:

BY FAX: 507-537-7988

BY EMAIL: michelledesmet@co.lyon.mn.us

BY MAIL: Michelle DeSmet
Lyon County Recorder
607 West Main Street
Marshall, MN 56258

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