

Birth Record Application-Verification

To receive a verification of the birth record, provide the following information as it occurs on the birth record:

| 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 provide the following information about you, the requester:

| | | | |
|---------------------------|-------|--------|---------------|
| Your name: (please print) | First | Middle | Last |
| Your Address: | | | Daytime Phone |
| City | State | Zip | |

Data Classifications of the Record: When a Notarized Signature is Required

If the birth occurred to parents who were married or if an unmarried mother designated the record as public, the birth record is classified as public data. If you know that the record identified above is public, you may skip this section. Please sign the application below but your signature does not need to be notarized.

If the birth occurred to parents who were not married and the mother did not designate the record as public, the record is confidential and release of a verification is restricted. You must check one of the following and have your signature notarized or show a picture ID to the local registrar when you present this application in person.

- I am the subject of the record and I am age 16 or older
- I am the mother of the subject and my name appears on the birth record
- I am the father of the subject and my name appears on the birth record
- I am the guardian of the subject. You must include legal documentation of your guardianship with your request
- I am presenting your office with a court order. You must include a **certified copy** of the court order. A subpoena is not a court order.
- I am a representative authorized by a person identified in items 1, 2, 3 or 4 (**Must have a notarized statement in addition to the application**)

Fees

According to Minnesota Statutes, section 144.226, subdivision 1, paragraph (e), the fee for a verification is \$9.00.

Your signature must be notarized if applying by mail, fax or email for a verification of a confidential birth record.

| | | |
|---|-------------------|---|
| Your signature | | Date: |
| Subscribed and sworn before me this ___ day of _____ 20___ | Notary Stamp/Seal | For Administrative Use Only ID Viewed _____ Initials: _____ |
| Signature of Notary | | |

Penalties: Any person who willingly 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 |
|--|------------------|--------------|-------|
| Birth Verification | 1 | \$9 | \$9 |
| Additional verifications for the same birth record (optional) | | \$9 | |
| Express Mail delivery (Optional) This is an additional fee that applies only to the method of delivery. | | Current Rate | |
| TOTAL | | | |

| |
|---|
| 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 \$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: _____ |
|--|

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|--|
| 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**