



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*

Section A Information to find the requested birth record *Minnesota Rules, part 4601.2600, subpart 2*

Child/Subject	Child/Subject first name	Child/Subject middle name	Child/Subject last name	Name suffix	
	Date of birth (mm/dd/yyyy)	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Minnesota city of birth	Minnesota county of birth	State of Birth MN
Parents	Parent one - first name	Parent one - middle name	Parent one - last name	Last name before 1 st marriage	Name suffix
	Parent two - first name	Parent two - middle name	Parent two - last name	Last name before 1 st marriage	Name suffix

Section B Requester - person completing this application *Minnesota Rules, part 4601.2600, subpart 3*

Requester full name			Date of birth (mm/dd/yyyy)		
Requester mailing address – Street		Apt/Unit #	City	State	ZIP
<small>United Parcel Service (UPS) will not deliver to PO boxes or APO addresses</small>		Daytime phone (10-digit)	Email		

Section C MANDATORY — Check the boxes below that describe your relationship to the subject of the record:

Marital status is important.
 Records of children born to married parents are "public". That means that the certificate is available to those listed in items 1–18 below.
 Records of children born to single mothers are "confidential" unless the mother chose to make the record public at the time of birth. Only the persons listed below in items 19-23 may obtain confidential birth certificates. *Minnesota Statutes, section 144.225, subdivisions 2 and 7.*

"Public" birth records are available to individuals who meet any of the legal requirements in items 1-18

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. <input type="checkbox"/> A parent named on the subject's record | 2. <input type="checkbox"/> A grandparent of the subject | 3. <input type="checkbox"/> A great-grandparent of the subject |
| 4. <input type="checkbox"/> A child of the subject | 5. <input type="checkbox"/> A grandchild of the subject | 6. <input type="checkbox"/> A great-grandchild of the subject |
| 7. <input type="checkbox"/> Spouse of the subject (You must be the current spouse) | 8. <input type="checkbox"/> I am the subject; I am requesting my own birth record | |
| 9. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (we need a certified copy of a court order that names you) | | |
| 10. <input type="checkbox"/> The health care agent for the subject (we need a valid "health care power of attorney" document) | | |
| 11. <input type="checkbox"/> Subject's personal representative who requires the birth certificate for administration of the subject's estate | | |
| 12. <input type="checkbox"/> Successor of a deceased subject who requires the birth certificate for administration of the subject's estate | | |
| 13. <input type="checkbox"/> Person who demonstrates a need for a birth certificate to determine or protect a personal or property right | | |
| 14. <input type="checkbox"/> Adoption agency — to complete post-adoption search (we need a copy of your Employee ID) | | |
| 15. <input type="checkbox"/> 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. <input type="checkbox"/> Attorney – I represent the subject, or a person listed in items 1-14 above. My Minnesota Attorney License Number is: _____ If you are a NON-Minnesota attorney, attach a copy of your attorney license. | | |
| 17. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate | | |
| 18. <input type="checkbox"/> I have a signed statement from a person above; it specifies the subject's full name, date of birth, parents' names, the signer's relationship to the subject of the record and it authorizes me to obtain the certificate. | | |

"Confidential" birth records are available only under the conditions, or to the person, in items 19-23

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| 19. <input type="checkbox"/> Parent named on the subject's record |
| 20. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (you need a certified copy of a court order naming you) |
| 21. <input type="checkbox"/> The subject, when 16 years or older |
| 22. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23; Minnesota Statutes, chapter 260E; and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (we need a copy of your Employee ID) |
| 23. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate |

Section D Requester's signature and signature of notary public

I certify that the information on this application is correct and complete to the best of my knowledge. 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 the name of the requester)		Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20_____		
Notary public signature	My commission expires	



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

How many certificates do you want?	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 now?		\$19 each	
Express Mail or Priority Mail delivery (Optional) This is an additional fee that applies only to the method of delivery.		Current Rate	

NOTICE: Fees are payable at the time of application and are non-refundable. **Total amount due:**
Minnesota Statutes, section 144.226. Amount must be at least \$26.

If I am not eligible to receive the certificate I requested, the Lyon County Recorder will contact me.

How do you want to pay?

<input type="checkbox"/> Credit card MasterCard/VISA/Discover/ American Express	Cardholder name	Expiration date
	Card number	3-digit security code

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.

<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____	Make your check or money order payable to Lyon County Recorder. DO NOT SEND CASH. 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. Due to high administrative costs, we are unable to issue refunds for overpayment.</i>
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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**.