

Birth Certificate Application

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	Subject's first name		Subject's middle name		Subject's last name	Name suffix
	Subject's date of birth (mm/dd/yyyy)		<input type="checkbox"/> Female <input type="checkbox"/> Male	Subject's city of birth		Subject's county of birth
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	
Person completing this application – The Requester						
Requester name				Requester 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>			Requester daytime phone	Requester email		
MANDATORY — Check the boxes below that describe your relationship to the subject of the record:						
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 - 19 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, unless the mother chooses to make the record public when the birth is registered. When a record is confidential, information and birth certificates are restricted to those persons listed below in items 20 – 24.						
Birth certificates available to individuals who meet any of the legal requirements in items 1-19 below (Public records)						
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"/> The subject of the vital record (I am requesting my own birth record) 9. <input type="checkbox"/> Party responsible for filing the record (generally a health professional or birth attendant) 10. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 11. <input type="checkbox"/> The health care agent for the subject (health care power of attorney is required) 12. <input type="checkbox"/> Subject's personal representative; a certified copy is needed to administer the estate 13. <input type="checkbox"/> Successor of the subject (subject is dead); the certified copy is needed to administer the estate 14. <input type="checkbox"/> Determination or protection of a personal or property right and proof that birth certificate is needed 15. <input type="checkbox"/> Adoption agency — to complete post-adoption search (Employee ID is required) 16. <input type="checkbox"/> Local/state/tribal or federal governmental agency (Employee ID is required) 17. <input type="checkbox"/> Attorney – my Minnesota Attorney License Number is: _____ NON-Minnesota license? Affix a copy 18. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate 19. <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.						
Birth certificates available only under the conditions or to the persons named below (Confidential records)						
20. <input type="checkbox"/> Parent named on the subject's record 21. <input type="checkbox"/> The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required) 22. <input type="checkbox"/> The subject, when 16 years or older 23. <input type="checkbox"/> Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, sections 124D.23 and 626.556, and tribal child support programs, Minnesota Statutes, section 144.225, subdivision 2, paragraph (f). (Employee ID is required) 24. <input type="checkbox"/> Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate						





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.*

Request and Payment Information	Request	Fee	Total
One Birth Certificate	1	\$26	\$26
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
Total amount due: Amount must be at least \$26 and can be paid by cash, check or Money Order only *Make checks payable to Dodge County			

NOTICE: Fees are payable at the time of application and are non-refundable. *Minnesota Statutes, section 144.226.*
Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. *Minnesota Statutes, section 604.113, subdivision 2.*

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)	
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>	
Requester's signature	Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20_____	
Notary public signature	My commission expires
Send application and payment to:	
Dodge County Recorder's Office 721 Main Street North Mantorville, MN 55955	
If you have questions, please contact us at dodge.recorder@co.dodge.mn.us or call 507-635-6250.	

Recorder's Office use only:

Date Fulfilled _____ Certificate # _____ Deputy _____