

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 <sup>st</sup> marriage	Suffix
	First name		Middle name	Last name		Last name before 1 <sup>st</sup> marriage	Suffix
Person completing this application - the requester							
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		
<b>Information about birth certificates:</b>							
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.							
<b>MANDATORY — Check the boxes below that describe your relationship to the subject of the record:</b>							
<b><i>Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)</i></b>							
<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)							
<b><i>Birth certificates available only under the conditions or to the persons named below (Confidential records)</i></b>							
<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 ( <b>not</b> a subpoena) releasing the 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
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One birth certificate sent by First Class Mail®.	1	\$26	<b>\$26</b>
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How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
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		<b>Total amount due:</b>	
			Amount must be at least \$26.

<b>Type of payment</b>	<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	<input type="checkbox"/> <b>Check</b> Check # _____	<input type="checkbox"/> <b>Money order</b> Money order # _____
	Enter card information below	<b>Payable to Pipestone County Recorder and sent by mail with application</b> 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>	

Cardholder name	Card number
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3-digit security code	Expiration date
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**Send application and payment to:**

<b>Pipestone County Recorder</b> <b>416 Hiawatha Ave South</b> <b>Pipestone, MN 56164</b>	<b>Fax: 507-825-6755</b> <b>Email: Recorder.Office@co.pipestone.mn.us</b>
If you have questions, please contact us at 507-825-1135.	