



# 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*

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

<b>Child/Subject</b>	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 <b>MN</b>	
<b>Parents</b>	Parent one first name		Parent one middle name		Parent one last name		Last name before 1 <sup>st</sup> marriage		Name suffix
	Parent two first name		Parent two middle name		Parent two last name		Last name before 1 <sup>st</sup> marriage		Name suffix

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

<b>Requester</b>	Requester full name				Date of birth (MM/DD/YYYY)		Daytime phone (10-digit)	
	Requester mailing address – street				Apt/Unit #		Email	
					City		State	

**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**

- |   |   |  |
|---|---|--|
| 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 the 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 (we need a notarized statement that says you need the birth certificate to administer the estate)  |   |  |
| 12. <input type="checkbox"/> Successor of the subject (subject is dead) (we need a notarized statement that says you need the birth certificate to administer the estate)   |   |  |
| 13. <input type="checkbox"/> Proof that you need a birth certificate for the determination or protection of 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. <b>If you are a NON-Minnesota attorney, attach a copy of your attorney license.</b><br>My Minnesota Attorney License Number is:                |   |  |
| 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**

- |   |
|---|
| 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 old 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   |

**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.**

Requester's signature (Requester named above must sign here)		Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20____		
Printed name of notary public	My commission expires	
Notary public signature		



**WRIGHT COUNTY**  
MINNESOTA

## Birth Certificate Application

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	<b>\$26</b>
How many <i>additional</i> certificate(s) do you want to purchase for this birth record now?		\$19 each	
Postage Handling Fee <b>OR</b>	1	\$1	<b>\$1</b>
Priority Mail Fee		\$7.70	
Priority Processing		\$10	

**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 \$27.**

*If I am not eligible to receive the certificate I requested, the Wright County Recorder's office will contact me. I give Wright County Recorder's office permission to apply my payment to a follow up application.*

### How do you want to pay?

**Check**  
 Check # \_\_\_\_\_

**Money order**  
 Money order # \_\_\_\_\_

**Make your check or money order payable to Wright County.  
 DO NOT SEND CASH.**

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.*

### Send application and payment to:

**Wright County Recorder**  
**Attn: Mary**  
**10 -2<sup>nd</sup> Street Northwest, Room 210V**  
**Buffalo, MN 55313**

**This notarized form can be faxed to Mary at 763-684-4558 and payments can be made online.**

A new multi-use website has been placed into production by the Recorder's Office. This website allows for credit/debit card payment (fee=2.35% of total, \$1.75 minimum) or electronic check payment (\$1.75 flat fee). **Please contact the Recorder's Office to verify amount due and obtain reference number before making payments online.**

The link to the website can be found on the [Online Payments](#) page of the public website.

If you have **questions**, please contact us at [mary.cogley@co.wright.mn.us](mailto:mary.cogley@co.wright.mn.us) or call 763-682-7355.