

## **Noncertified Birth Record Application**

Fill out this form to request a noncertified birth record printed on plain paper. Noncertified records are for information only.

Info	rmation to locate the b	irth record									
	Child/subject first name		Child/subject middle name			Child/subject last name			Name suffix		
Child/Subject	Date of birth (MM/DD/YYYY)	Sex ☐ Female ☐ Male	Minnesota city of birt		1	Minne	esota count	y of birth	State of birth MN		
Parents	Parent one first name				t one last name		Last name before 1st marriage		Name suffix		
	Parent two first name	Parent two	middle name	Paren	Parent two last nar		Last name I	oefore 1st marriage	Name suffix		
Requester information – information about you											
equester	Requester name										
	Requester mailing address	will not deliver to PO boxes or APO address			ses)	Apt/Unit # Daytime phone (10-o		(10-digits)			
Re	City		Stat	е	ZIP Code	Ema	nil				
Mar	ndatory - Read the informa	ation below.	Select one of	the box	es. Minne	sota Sta	atutes, sect	ion 144.225, subdiv	visions 2 and 7		
	rds of children born to m										
child	ren born to single mother	rs are "confi	dential" unles	ss the m	nother cho	se to m	nake the re	ecord public at th	e time of		
birth	. Only the persons listed i	n item thre	e below may l	ouy non	certified c	onfider	ntial birth	records.			
1.   I want an image of the paper record for a birth in 2000 or before.											
2. 🔲 I want a printout of a birth record that includes the subject's name, date and place of birth, and the names of the											
subject's parents. The printout <i>does not show</i> health information.  Birth records of children born to unmarried mothers are confidential unless the unmarried mothers.								d mother chose to	make the		
3. Birth records of children born to unmarried mothers are confidential unless the unmarried mother chose to make the record public at the time of birth. The persons listed below are eligible to buy noncertified <b>confidential</b> birth records.											
	Mark one of the boxe		-		_	-					
	☐ I am the subject of th		_				-	ota program that a	dministers		
	☐ I am a parent named on the record child support, medical assistance, Min										
☐ I am the guardian of the subject (you must show a certified copy of the court order that names you)  and services under <i>Minnesota Statutes, sect</i> 124D.23; <i>Minnesota Statutes, chapter 260E,</i>											
	☐ I am presenting your office with a certified copy of a court order issued by a U.S. court tribal child support program, Minnesota State section 144.225. (Must show employee ID)										
4. [	☐ I want a copy of the er	ntire birth re	cord including	health	informatio	n (avai	lable only	for births 2001 to	present).		
	Mark a box to the rigl	<b>ht</b> 🗌 I am th	e mother name	ed on the	e birth recor	rd 🗆	l am a rep	resentative of loca	l public health		
	You must sign this app	plication in f	ront of a nota	ry.		ļ					
Requ	ester's signature and nota										
I cert	ify that the information p	rovided on t	his applicatio	n is corr	ect and co	mplete	to the bes	t of my knowledg	e.		
Requ	ester signature						Not	tary stamp/seal			
Signe	d or attested before me on	:d	ay of		, 20_						
Printed name of notary public											
Notary public signature					My commi	ssion ex	cpires:				

**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).



## **Noncertified Birth Record Application**

Houston County Recorder

Requester name:							
Document requested		# copies	Fee	Subtotal			
One noncertified birth record		1	\$13 \$1				
How many extra copies do you want?		# extra copies	Fee Cost for extra copies				
Extra copies cost \$6 each if you buy them at the same time as one po	X \$6 each						
How do you want your document(s) delivered?	Fee	Choose delivery					
Regular First-Class Mail®	\$0						
Total due				Total due			
You must pay the full amount for the noncertified records and	cost of						
that you ask for.	ditional copies	•					
Fees are due at the time of application and are non-refundable Minnesota Statutes, section 144.226.	ocessing fee (if livery fee (if an	• •					
How do you want to pay?	uc	invery ree (ii aii	<u>y                                    </u>				
The state of the s							
Check#	Make check or money order payable to: Houston County						
	Recorder and send by mail with the application. DO NOT						
Money order #	SEND CASH.  Checks returned for non-payment will result in a \$30 charge to you.						
order	You could also face civil penalties.  Minnesota Statutes, section 604.113, subdivision 2.						
If you have questions, contact the Houston County Recorder							
Send application and payment to Houston County Recorder	r, 304 S. Marsl	nall Street Room	111, Cale	donia, MN 55921			

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