

ST. LOUIS COUNTY BIRTH CERTIFICATE APPLICATION

FIRST		MIDDLE		LAST (NAME ON BIRTH RECORD)	
BIRTH MONTH	BIRTH DATE	BIRTH YEAR	SEX	CITY AND COUNTY OF BIRTH	
PARENT'S FIRST NAME		MIDDLE NAME		LAST NAME ON RECORD	
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\$26.00 Certified Record (\$19.00 each additional copy of the same record)
 \$13.00 Non-certified Record (\$6.00 each additional copy of the same record)

ADDRESS: St. Louis County Recorder's Office
Vital Record's Division
P.O. Box 157
Duluth MN 55801

TANGIBLE INTEREST REQUIRED FOR A CERTIFIED COPY: Only one item must be checked

1. I am the: _____ subject _____ child of the subject _____ spouse of the subject
 _____ parent listed on the record _____ grandparent of the subject _____ grandchild of the subject
2. I am the party responsible for filing the birth record. **(i.e. hospital, midwife, birth attendant)**
3. I am the legal custodian, guardian or conservator of the subject. **(Must submit certified court order showing this relationship)**
4. I am the designated health care agent of the subject. **(Must submit notarized health care agent power of attorney)**
5. I am the personal representative and the certified copy is required for the administration of the estate.
(Must submit documentation showing this relationship)
6. I am a successor of the subject as defined by MN statutes, sect 524.1-201, and the subject is deceased **(Must submit documentation showing this relationship)**
7. I have documentation that the record is necessary for the determination or protection of personal or property rights.
(Must submit documentation showing this relationship)
8. I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
(Must submit copy of work identification)
9. I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
(Must submit copy of work identification)
10. I am an attorney and my proof of licensure is attached.
11. I am presenting your office with a court order issued by a court of competent jurisdiction.
(Must submit certified court document)
12. I am a representative authorized by a person under items #1 – 11.
(Must have a notarized statement in addition to the application)

PENALTIES: Any person who willfully and knowingly makes false application for a birth certificate is guilty of a misdemeanor or gross misdemeanor. (MN Statutes section 144.227, subdivision 1)

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

Your name: _____
(FIRST) (MIDDLE) (LAST)

Date of Birth / /

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Your Signature _____ Date _____

Your Address _____ Daytime Phone _____

 (City) (State) (Zip) (Email)

Only requests for CERTIFIED copies require notarization if applying by mail or fax.

Subscribed and sworn before me this _____ day of _____, 20____
 _____, My commission expires: _____ 20____

(Seal)