



Phone: (218) 726-2559 | Fax: (218) 725-5052

St. Louis County Recorder

Email: birthdeathmarriage@stlouiscountymn.gov

PO Box 157 • Duluth, MN 55801

The law requires you to provide information to order a birth certificate. MN Statutes, section 144.225, subdivision 7, and MN 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. MN Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.

Information to locate birth record:

Type: [] \$26.00 Certified Record [] ___ Add'l Copies of Same Certified Records at \$19.00 each
[] \$13.00 Non-certified Record [] ___ Add'l Copies of Same Non-certified Records at \$6.00 each

SUBJECT OF RECORD

FIRST NAME MIDDLE NAME LAST NAME (ON RECORD) SUFFIX
DATE OF BIRTH CITY OF BIRTH COUNTY OF BIRTH

PARENTS OF SUBJECT

FIRST NAME MIDDLE NAME LAST NAME LAST NAME BEFORE 1ST MARRIAGE SUFFIX
FIRST NAME MIDDLE NAME LAST NAME LAST NAME BEFORE 1ST MARRIAGE SUFFIX

Information about birth certificates: Most Minnesota vital record information is public information. When a record is public, certified records (birth certificates) are available to individuals who meet the legal requirements in items 1-14 below.

MANDATORY FOR CERTIFIED RECORDS - Check the box below that describes your relationship to the subject of the record:

Check Box Birth certificates available to individuals who meet any of the legal requirements in items 1-14 below (Public records)
1. The subject of the vital record (I am requesting my own birth record)
2. A parent named on the subject's record
3. A child of the subject
4. A grandparent of the subject
5. A great-grandparent of the subject
6. Spouse of the subject (You must be the current spouse)
7. A grandchild of the subject
8. A great-grandchild of the subject
9. Party responsible for filing the record (generally a health professional or birth attendant)
10. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
11. The health care agent for the subject (health care power of attorney is required)
12. Subject's personal representative, with sworn affidavit; a certified copy is needed to administer the estate
13. Successor of the subject, only if subject is deceased; a certified copy is needed to administer the estate
14. Determination of protection of a personal or property right and proof that birth certificate is needed
15. Adoption agency - to complete post-adoption search (Employee ID is required)
16. Local/state/federal governmental agency (Employee ID is required)
17. Attorney - my Minnesota Attorney License Number is: (NON-Minnesota license? Affix copy)
18. Pursuant to a valid, certified copy of a US court order (not a subpoena) releasing the certificate
19. Authorized representative listed in 1-13 above (a signed statement from the person authorizing release to you is required)

Check Box Birth certificates available only under the conditions or to the persons named below (Confidential records)
20. Parent named on the subject's record
21. The legal custodian, guardian or conservator of the subject (a certified copy of a court order naming you is required)
22. The subject, when 16 years or older (I am requesting my own birth record)
23. The Minnesota Department of Human Services, under certain circumstances. Representatives of Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under Minnesota Statutes, section 124D.23 and 626.556. (Employee ID is required)
24. Pursuant to a valid, certified copy of a U.S. court order (not a subpoena) releasing the certificate

Person completing this application - the requester (complete and sign below):

NAME DATE OF BIRTH
MAILING ADDRESS APT/UNIT CITY STATE ZIP
DAYTIME PHONE EMAIL
United Parcel Service (UPS) will not deliver to PO boxes or APO addresses
Signature and Notary (If requesting a Certified Record by mail, fax, or email, application must be signed in front of a notary.)
I certify that the information provided on this application is accurate and complete to the best of my knowledge.
Requester Signature Date

Signed or attested before me on ___ day of ___, 20__.

Notary Public Signature My commission expires ___ Notary Seal*

*If seal is raised and application is to be returned by fax or email, please lightly rub impression with pencil.