



Noncertified Birth Record Application

Fill out this form to obtain a noncertified birth record printed on plain paper. Noncertified records are for informational use only.

Information to locate the birth record

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

Requester information – information about you

Requester	Requester name						
	Requester mailing address – street (UPS will not deliver to PO boxes or APO addresses)				Apt/Unit #	Daytime phone (xxx-xxx-xxxx)	
	City			State	ZIP	Email	

Mandatory - Read the information below. Select one of the boxes.

Records of children born to married parents are “public”; anyone can purchase a noncertified **public** birth record. Records of children born to single mothers are “confidential” unless the mother chooses to make the record public at the time of birth. Confidential birth certificates are restricted to the persons listed in item three below. *Minnesota Statutes, Section 144.225, subdivisions 2 and 7*

- I want an image of the paper record for a birth in 2000 or before.
- 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. Health information is *not* included.
- Birth records of children born to unmarried parents are confidential unless the birth mother chooses to make the record public at the time of birth. The persons listed below are eligible to purchase noncertified **confidential** birth records.
Mark one of the boxes below. You must sign this application in front of a notary.

<input type="checkbox"/> I am the subject of the record age 16 or older <input type="checkbox"/> I am a parent named on the record <input type="checkbox"/> I am the guardian of the subject (a certified copy of a court order naming you is required) <input type="checkbox"/> I am presenting your office with a certified copy of a court order issued by a U.S. court	<input type="checkbox"/> I represent Minnesota programs that administer child support, medical assistance, MinnesotaCare, and services under <i>Minnesota Statutes, sections 124D.23 and 626.556</i> , or a tribal child support program, <i>Minnesota Statutes, section 144.225</i> . Employee ID is required
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- I want a copy of the entire birth record including health information (available only for births 2001 to present).
Mark a box to the right I am the mother named on the birth record I am a representative of local public health
You must sign this application in front of a notary.

Sign this form in front of a Notary Public if you are applying by MAIL

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester signature		Notary stamp/seal	
Signed or attested before me on: _____ day of _____, 20 ____			
Printed name of notary public			
Notary public signature	My commission expires:		

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).



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Requester name:			
Document requested	Request	Fee	Subtotals
One noncertified birth record	1	\$13	\$13
How many extra copies do you want?	#extra copies	Fee	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
All requests are processed in the order received and returned by Regular First Class Mail®			
The amount you pay must cover the certificates and services you requested above.			Amount due
Fees are due at the time of application and are non-refundable. <i>Minnesota Statutes, Section 144.226.</i>		Payment due: (Must be \$13 or more)	
How do you want to pay?			
<input type="checkbox"/> Credit card (\$2.00 min. fee or 2-1/2% Will be added) MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____	Make check or money order payable to Chisago County Recorder and send by mail with the application. DO NOT SEND CASH.		
<input type="checkbox"/> Money order Money order # _____	<i>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.</i>		
Send your application and payment to:			
Mail your application, check, money order, or credit card information to: Chisago County Recorder 313 N. Main Street, Room 277 Center City, MN 55012			
<i>If you have questions, contact Chisago County Recorder's Office at Recorder@chisagocountymn.gov or call 651-213-8580.</i>			