

Request to Verify a Minnesota Birth Record

Complete this form to verify that a Minnesota birth record exists for the subject named below. The vital records office will issue a verification with the subject's full name, sex, date and place of birth printed on it if it finds the birth record.

| Info | rmation to locate the | birth recor | [.] d | | | | | | | | |
|-----------|--|---------------|----------------------------|---------------|------------------------|---------------------|-----------------------------------|-----------------|---------|----------------------|--|
| | Subject's first name | | Subject's middle name | | | Subject's last name | | | | ubject's name suffix | |
| ಕ್ಷ | | | | | | | | | | | |
| Subject | Subject's date of birth | Sex Female | Subject's birth city | | Subje | | ct's birth county | | | ubject's birth state | |
| S | | Male | | | | | | | | MN | |
| | Parent 1 first name | Parent 1 mide | dle name Parent 1 last nar | | ne | | Parent 1 last name before 1st man | | rriage | Parent 1 name suffix | |
| Parent(s) | | | | | | | | | | | |
| are | Parent 2 first name | Parent 2 mide | dle name Parent 2 last r | | me | | Parent 2 last name before 1st ma | | ırriage | Parent 2 name suffix | |
| | | | | | | | | | | | |
| Pers | son completing this app | | equester) | | | | | T . | | | |
| er | Requester's first and last name | | | | | ester's | phone | Requester's ema | | | |
| Requester | | | | | T | <u> </u> | | T | | | |
| Requ | Requester's mailing addr | | Apt/Unit # City | | City | | State | ZIP | | | |
| | | | | | | | | | | | |
| кеq | uester eligibility | | | | | | | | | | |
| | nesota birth records m | • | • | | • | _ | | | | | |
| | the birth. The law authorizes who can receive information about confidential births based on the requester's relationship to the subject. If the record is public, sign this form below. If the record is confidential, you must check one | | | | | | | | | | |
| | • | | | - | | | | · · | • | | |
| | ne boxes below and sig fidential, sign this form | | | | іј уоц | ı ao n | ot know wn | etner tne re | cora i | s public or | |
| con | naentiai, sign tins joini | iii ji one oj | a notary pabil | · C. | | | | | | | |
| | I am the subject of the birth record and I am age 16 or older | | | | | | | | | | |
| | • | | e subject and r | | | | | | | | |
| | _ | | the subject (yo | | _ | | | | uardia | anship) | |
| | · | | office with a v | | | | | | | | |
| | TE: The Office of Vital R | | • | | • | | • | • | | | |
| | uested services. If the r | ecord is co | onfidential and | your signatu | ire is r | ot no | tarized, we | will return y | our r | equest. | |
| | ature tify that the information | n provida | d on this docum | nant is accur | ata an | nd con | nnlata to the | hast of my | knou | uladaa It is | |
| | inst the law to provide | - | | | | | - | | | _ | |
| _ | nesota Statutes, section | - | _ | - | | | | ict to jines, | jun tn | ne or both. | |
| | ature of requester (Signatur | | | <u> </u> | | o arra | ** | | | | |
| Ü | , , , | | | • | , | | | | | | |
| | | | | | | | | . | | | |
| | Signed or attested before me on day of, 20 | | | | | | | Notary sta | amp/se | eai | |
| | Notary public printed name | | | | | | | | | | |
| Notary | | | | | | | | | | | |
| S | Notary public signature My commission expires | | | | | | | | | | |
| | Tracting public signature | | | | wiy commission expires | | | | | | |
| | | | | | | | | | | | |



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| Requester's first and | l last nam | ne | | | | | | | | |
|---|---|--|-----------|--|---|---|--|--|--|--|
| How many verific | | Fee | Subtotals | | | | | | | |
| One birth record | | \$9 | \$9 | | | | | | | |
| How do you wan | low do you want your request processed? | | | | | | | | | |
| Standard – reque | andard – request processed in the order received | | | | | | | | | |
| Faster – your req | ster – your request goes ahead of standard requests (Does not include UPS delivery) | | | | | | | | | |
| How do you wan | How do you want the verification delivered to you? | | | | | | | | | |
| Regular First Clas | | \$0 | | | | | | | | |
| United Parcel Ser | | \$16 | | | | | | | | |
| UPS will not deliver to PO boxes or APO addresses. If you want UPS delivery to an address outside of the United States , you must include a UPS prepaid envelope when you submit your application and fees. Amount due | | | | | | | | | | |
| | able. 4.226 | Write in total if filling out by hand | | | | | | | | |
| How do you wan | t to pay | | | | | | | | | |
| Credit Card | | Cardholder name | | | | Valid thru MM/YY | | | | |
| MasterCard/Visa/Dis | scover | Card number | | | 3 | 3-digit security code | | | | |
| Check | - | payable to FILLMORE the application. | | | | | | | | |
| Money orde | enalties. | nt will result in a \$30 charge to you. 5. 113, subdivision 2. | | | | | | | | |
| Send form and pa | ayment | by mail OR fax | | | | | | | | |
| Mail this form and your payment (check, money order, credit card information) to PO Box | | | | | | re County Auditor/Treasurer x 466 n, MN 55965 | | | | |
| | 507-765- | 5-2662 | | | | | | | | |
| Questions? | Questions? Contact Fillmore County at 507-765-3811 | | | | | | | | | |