

Youth Experiencing Homelessness Birth Certificate

APPLICATION, INSTRUCTIONS, RELATED DOCUMENTS

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Homeless Youth Birth Certificate Application instructions

A youth experiencing homelessness may apply for a no-cost certified copy of their birth certificate. The youth must be 24 years of age or younger and born in Minnesota. A youth experiencing homelessness who is younger than 16 years of age may get their birth certificate **even if the birth record is “confidential.”**

Information to find your birth record

Fill in the **Information to find your birth record** section. We need your full name, birthdate, sex, and place of birth in Minnesota to find your specific birth record. We also need the names of your parents, and your signature.

It is against the law to give false information to obtain a certified vital record. You may be subject to fines, jail time or both.

Required – Proof that you are who you say you are

A vital records office must make sure that we give your birth certificate to you, and only to you. For that reason, we need proof that you are who you say you are. You can show an approved ID, OR one of two forms that you ask someone else to fill out and sign. There is more information about the two forms in this packet and on the application.

Send, or hand in your application

You **must** send or hand in a **complete application**. See the back of the application for the definition of “complete application.” Vital records offices cannot release your birth certificate without a document that proves you are who you say you are.

- If you apply in person at a county vital records office, you can get your certificate right away.
- If you apply by mail or fax, the vital records office will mail your certificate to the address you give us.

If you mail or fax your documents...

Tell us where you want us to send your birth certificate. On the application, write the address where you get your mail. This could be the address of a shelter, a friend, or a human services agency employee, a school social worker, or school staff person. PO boxes are acceptable.

Affidavit of Homeless Status

If you do not have an acceptable ID, ask someone at an agency that serves homeless youths to fill out the form. This could be someone at a shelter or your school. You need the Affidavit of Homeless Status, copy of the advocate's ID, and the Homeless Youth Birth Certificate Application to get your certificate.

Statement to Identify

Use the Statement to Identify form ONLY if you do not have an acceptable ID or an Affidavit of Homeless Status. Have someone who has known you for two or more years fill out this form. The person who fills out the form is known as the witness.

You and the witness may go to a county vital records office together. The witness must show their ID and sign the form in front of the county registrar. The Statement to Identify WITH the Homeless Youth Birth Certificate Application will get you your certificate.

Or the witness may sign the form in front of a notary public and give it to you. You can then either take the form and the application to a county vital records office or mail the forms to a vital records office.

Minnesota Department of Health
Office of Vital Records
PO Box 64499
St. Paul, MN 55164-0499
651-201-5970
health.vitalrecords@state.mn.us
www.health.state.mn.us

01/01/2022

To obtain this information in a different format, call 651-201-5970.

Minnesota Statutes, section 144.226, subdivision 8
Minnesota Statutes, section 144.225, subdivision 2, paragraph (a), clause (2) and clause (3)

Homeless Youth Birth Certificate Application

A homeless youth 24 years of age or younger and born in Minnesota, may apply for a certified copy of their birth certificate. The youth must fill out this application and give or show a document to prove who they are.

Fill in your information so that we can find your birth record Please PRINT clearly.									
It is unlawful to give false information to get a birth certificate. You may face fines, jail time, or both.									
Information to find your birth record	Your first name		Your middle name		Your last name		Your name suffix		
	Your date of birth	Are you... <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other		Your Minnesota city of birth		Your Minnesota county of birth			
	Parent one first name		Parent one middle name		Parent one last name		Last name before 1 st marriage		
	Parent two first name		Parent two middle name		Parent two last name		Last name before 1 st marriage		
	My signature means that the statement below is true:								
	I am requesting my own birth record, AND I am a homeless youth. See the definition on page 2.								
Your signature (Your signature must match the name above.)							Date signed		
Required - Proof that you are who you say you are									
1. Do you have an unexpired ID that shows all the items in this box? <ul style="list-style-type: none"> ▪ Your picture or your physical description ▪ Your signature ▪ The name of the agency that issued the ID to you 				Yes - go to Send or hand in your application below			No - Go to # 2		
2. Do you have an Affidavit of Homeless Status form from a provider of homeless youth services?				Yes - go to Send or hand in your application below			No – See #3 or go to page 5		
3. Do you have a Statement to Identify form?				Yes - go to Send or hand in your application below			No - Go to page 6		
Send or hand in your application									
IMPORTANT! You must include one of the three items above with your application.									
4. You may take your application to a county vital records office and :									
<ul style="list-style-type: none"> ▪ Show your ID, OR ▪ Hand in the Affidavit of Homeless Status OR the Statement to Identify. 									
5. You may mail or fax your application and documents to a vital records office.									
<ul style="list-style-type: none"> ▪ Vital records offices cannot accept documents by email. ▪ Send a copy of your ID. Or send one of the forms named in boxes two and three above. <ul style="list-style-type: none"> ▪ The witness must sign the Statement to Identify in front of a notary public. 									

Go to the next page...

Homeless youth's first name	Homeless youth's middle name	Homeless youth's last name			
6. Contact a county vital records office for their fax number OR mailing address.					
7. OR fax or mail to the Office of Vital Records					
Mail to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul, MN 55164-0499			Fax to: 866-416-1357		
If you mail or fax your documents, where do you want us to MAIL your birth certificate?					
Your name	C/O (In care of) (if applicable)		Agency name (if applicable)		
Street address			Apt/Unit	City	State ZIP code

Homeless youth definition

Minnesota Statutes, section 256K.45, subdivision 1a, paragraph (c), defines "Homeless youth."

"Homeless youth" means a person 24 years of age or younger who

- is unaccompanied by a parent or guardian and is without shelter where care and supervision are available.
- has a parent or legal guardian who is unable or unwilling to shelter and care for them.
- lacks a fixed, regular, and adequate nighttime residence.

The following are not "fixed, regular, or adequate nighttime residences":

1. A supervised publicly or privately operated shelter designed to offer temporary living accommodations.
2. An institution or a publicly or privately operated shelter designed to offer temporary living accommodations.
3. Transitional housing.
4. A temporary placement with a peer, friend, or family member that has not offered a permanent residence, a residential lease, or temporary lodging for more than 30 days.
5. A public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

Homeless youth does not include persons incarcerated or otherwise detained under federal or state law.

Complete application

"Complete application" means a fully filled out and signed Homeless Youth Birth Certificate Application **plus:**

- Acceptable ID, (send a copy of your ID if you mail or fax your documents) **OR** a
- Affidavit of Homeless Status and copy of advocate's employee ID, **OR**
- Statement to Identify (witness must sign in front of a notary if you mail or fax your documents)

Affidavit of Homeless Status

For No-cost Certified Copy of Birth Certificate

A youth experiencing homelessness may apply for a no-cost certified copy of their birth certificate with a Homeless Youth Birth Certificate Application (HYBCA). The HYBCA is not complete without proof that the youth “is who they say they are.” A youth who does not have an acceptable ID or a statement to verify their identity, needs an Affidavit of Homeless Status.

Minnesota Statutes, section 144.2255, subdivisions 1 and 2. Minnesota Rules, part 4601.2600, subparts 5 – 8

Advocate verification of youth’s homeless status

A person described below **must** complete this entire form.

Mark one of the boxes below to show your relationship to the homeless youth. I am a(n):

- Employee of a human services agency** - my agency receives public funding to supply services to youths who are homeless, runaway, have mental illness, or have substance use disorders
- School staff person** who supplies services to homeless youths
- School social worker**

ADVOCATE: You must make a copy of your employee ID and attach it to this affidavit.

Please PRINT the information below. By law, the advocate must complete this section.

Advocate Information	Advocate’s first name		Advocate’s middle name		Advocate’s last name	
	Advocate’s agency					
	Advocate’s home or business street address				Advocate’s email address	
	Advocate’s city			State	ZIP code	Phone number (10-digit)
	Homeless youth	First name of homeless youth		Middle name of homeless youth		Last name of homeless youth
		Homeless youth’s birthdate		Homeless youth’s parents’ names (first, middle, and last)		
	1.					
	2.					
	I verify that the youth named above is homeless.					
	Advocate’s signature					Date signed

NOTE to advocate: If you fill out this form, include it and a copy of your employment ID with the Homeless Youth Birth Certificate Application.

To obtain this information in a different format, call 651-201-5970.

Statement to Identify

An applicant who does not have an acceptable ID may ask a witness to complete this form. The witness who completes this form swears to the requester's identity and how they know the requester.

To request and get a Minnesota birth or death certificate, a requester must have an acceptable ID. And the requester must have a legal right to the certificate. If the requester does not have an acceptable ID, a witness who has known the requester at least two years may confirm the requester's identity. *Minnesota Rules, part 4601.2600, subparts 5, 6, and 7.*

It is against the law to give false information to obtain a certified vital record. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Witness information – person who has known the “Requester” for two or more years (Please print)

Witness first name		Witness middle name		Witness last name	
Witness home or business address information	Street address				
	City				
	State				
	ZIP code				
Witness phone number (10-digit)			Witness email address		Witness date of birth (mm/dd/yyyy)

What is your relationship to, or how do you know the requester? I solemnly swear that I have known the **requester** named below for _____ years.

Requester information – person applying for birth or death certificate (Please print)

Requester first name	Requester middle name	Requester last name	Requester date of birth (mm/dd/yyyy)
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Name of the subject on the birth or death record wanted by the requester (Please print)

Subject's first name	Subject's middle name	Subject's last name	Subject's date of birth or death (mm/dd/yyyy)
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Witness, will you and the requester go to the county vital records office together?

- YES **We will go** to the county vital records office together. I (the witness), will sign this statement in front of the county registrar and show identification.
- NO **I will NOT go** to the county vital records office with the requester. I will sign this statement in front of a Notary Public and *give this statement to the requester.*

Signature of witness Date signed
(mm/dd/yyyy)

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

Do you have questions?
[County Vital Records Office Contacts \(https://www.health.state.mn.us/people/vitalrecords/registrars.html\)](https://www.health.state.mn.us/people/vitalrecords/registrars.html)
 Office of Vital Records Help Desk – 651-201-5970