

Noncertified Birth Record Application

Fill out this form to request a noncertified birth record printed on plain paper. Noncertified records are for information only.

Information to locate the birth record												
ect	Child/subject first name		Child/subject middle name			Child/subject last name			Name suffix			
įduč												
Child/Subject	Date of birth (MM/DD/YYYY) Sex			Minnesota city of birth			Minnesota county of birth			State of birth		
Chi		□ Male								MN Name suffix		
s	Parent one first name	Parent one	middle name P		Parent one last nar		me	Last name bef	ast name before 1st marriage			
ent												
Parents	Parent two first name	it two first name Parent two		middle name		Parent two last name		Last name before 1st marriag		Name suffix		
Requester information – information about you												
	Requester name											
ter		-tut (UDC					1	A + /1 I :+ 11	Dauting a hang (
Requester	Requester mailing address -	will not deliver to PO boxes or APO address			es)	Apt/Unit #	Daytime phone (1	LU-digits)				
eq	City	Ctata			ZIP Code							
~	City			State		ZIP Code	Ema					
Mandatory - Read the information below. Select one of the boxes. Minnesota Statutes, section 144.225, subdivisions 2 and 7												
Records of children born to married parents are "public"; anyone can buy a noncertified public birth record. Records of												
children born to single mothers are "confidential" unless the mother chose to make the record public at the time of												
birth. Only the persons listed in item three below may buy noncertified confidential birth records.												
1. 🗆						-	date	and place of	birth, and the na	ames of the		
	subject's parents. The printout <i>does not show</i> health information.											
2.												
	record public at the time of birth. The persons listed below are eligible to buy noncertified confidential birth records. Mark one of the boxes below. You must sign this application in front of a notary.											
	\Box I am the subject of the			-	supp	-			a program that adr	ninisters		
	-	-		1					al assistance, Minn			
	□ I am a parent named on the record child support, medical assistance, MinnesotaCare, □ I am the guardian of the subject (you must show a certified and services under <i>Minnesota Statutes, section</i>											
	copy of the court order that names you) 124D.23; Minnesota Statutes, chapter 260E; or a											
	□ I am presenting your office with a certified copy of a court order issued by a US, court the section 144.225. (Must show employee ID)											
	issued by a U.S. court									-		
3. 🗆] I want a copy of the en			•			•	_	•	•		
	Mark a box to the righ					e birth record	I [] I am a repre	sentative of local	public health		
_	You must sign this app	-		notary	<u>.</u>							
	ester's signature and nota	-										
I certify that the information provided on this application is correct and complete to the best of my knowledge.												
Reque	ster signature							Notar	y stamp/seal			
Signed or attested before me on:day of, 20,												
Printe	d name of notary public			_	_		_					
Notar	y public signature					My commiss	sion ex	xpires:				
									1			

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).



Requester name:

Requester name:								
Document requested			# copies	Fee	Subtotal			
One noncertified birth recor	1	\$13	\$13					
How many extra copies do	# extra copies	Fee	Cost for extra copies					
Extra copies cost \$6 each if you	X \$6 each							
How do you want your requ	Fee	Choose processing						
Standard – your request pro	\$0							
Faster – your request goes a	\$20	-						
How do you want your doc	ument(s) delivered?			Fee	Choose delivery			
Regular First-Class Mail [®]			\$0					
					-			
Total due					Total due			
that you ask for. additional copies (if any) + Fees are due at the time of application and are non-refundable. processing fee (if any) + Minnesota Statutes, section 144.226. delivery fee (if any) How do you want to pay? We will contact you if you wish to pay by credit card.								
Check # Check # Make check or money order payable to Redwood Co Recorder and send by mail with the application. DO SEND CASH. Checks returned for non-payment will result in a \$30 charge to yo You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2.								
Send application and payn	nent to:							
Redwood County Recorder 403 S Mill St. PO Box 130 Redwood Falls, MN 5628								
If you have questions , pl	ease contact us at amy_g@co.red	dwood.mn.u	s or call: 507-	637-4032				