



Mower County Auditor-Treasurer  
201 1st Street NE Suite 5  
Austin, MN 55912

**BIRTH RECORD APPLICATION - CERTIFIED BIRTH CERTIFICATE**

This application must be signed in front of a notary public if requested by mail. If boxes are left blank the application may be returned.

**PART 1: Birth Record Information**

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	SEX	CITY & COUNTY OF BIRTH
MOTHERS FIRST NAME	MIDDLE NAME	MAIDEN NAME
FATHERS FIRST NAME	MIDDLE NAME	LAST NAME

**PART 2: WHAT IS YOUR RELATIONSHIP TO THE SUBJECT (TANGIBLE INTEREST) YOU MUST CHECK ONLY ONE CATEGORY.**

<input type="checkbox"/> I AM THE SUBJECT	<input type="checkbox"/> I AM THE CHILD OF THE SUBJECT
<input type="checkbox"/> I AM THE PARENT LISTED ON THE RECORD	<input type="checkbox"/> I AM THE GRANDPARENT OF THE SUBJECT
<input type="checkbox"/> I AM THE SPOUSE OF THE SUBJECT	<input type="checkbox"/> I AM THE GRANDCHILD OF THE SUBJECT
<input type="checkbox"/> I AM THE PARTY RESPONSIBLE FOR FILING THE BIRTH RECORD (EX: HOSPITAL, MIDWIFE, ETC.)	
<input type="checkbox"/> I AM THE LEGAL CUSTODIAN, GUARDIAN OR CONSERVATOR OF THE SUBJECT. (You must submit a certified copy of a court order showing relationship)	
<input type="checkbox"/> I AM THE HEALTH CARE AGENT OF THE SUBJECT (YOU MUST SUBMIT DOCUMENTATION SHOWING RELATIONSHIP)	
<input type="checkbox"/> I AM PERSONAL REPRESENTATIVE & THE CERTIFIED COPY IS REQUIRED FOR THE ADMINISTRATION OF THE ESTATE (PLEASE SUBMIT DOCUMENTATION )	
<input type="checkbox"/> I HAVE DOCUMENTATION THAT THE RECORD IS NECESSARY FOR DETERMINATION OR PROTECTION OF	
<input type="checkbox"/> I REPRESENT AN ADOPTION AGENCY & THE RECORD IS NEEDED TO COMPLETE A CONFIDENTIAL POST-ADOPTION SEARCH (EMPLOYEE ID COPY REQUIRED)	
<input type="checkbox"/> I AM AN ATTORNEY AND I HAVE ATTACHED PROOF OF MY LICENSURE	
<input type="checkbox"/> I AM PRESENTING YOUR OFFICE WITH A COURT ORDER ISSUED BY A COURT OF COMPETENT JURISDICTION (THIS MUST BE	
<input type="checkbox"/> I REPRESENT A LOCAL, ST, OR FEDERAL GOVERNMENTAL AGENCY & THE RECORD IS NECESSARY FOR THE GOVERNMENT AGENCY TO PERFORM IT'S AUTHORIZED DUTIES (EMPLOYEE ID COPY REQUIRED)	
<input type="checkbox"/> I AM A REPESENTATIVE AUTHORIZED BY A PERSON LISTED ABOVE (A NOTARIZED STATEMENT FROM A PERSON LISTED ABOVE REQUIRED)	

PURPOSE FOR REQUEST (EX: PASSPORT, DRIVERS LICENSE, PERSONAL RECORDS, ETC.)

**PART 3: FEE & PAYMENT INFORMATION**

NUMBER	ITEM	FEE PER ITEM	TOTAL
	FIRST BIRTH CERTIFICATE	\$26.00	
	ADDITIONAL CERTIFICATES (SAME DAY)	\$19.00	
		<b>TOTAL:</b>	

Make PMO/Cashiers checks/etc. Payable to: Mower County Auditor-Treasurer - No Personal Checks via Mail

**PART 4: REQUESTER & NOTARY INFORMATION**

NAME (PLEASE PRINT):	DATE OF BIRTH:		
MAILING ADDRESS:			
CITY:	STATE:	ZIP CODE:	PHONE #:
EMAIL ADDRESS IF APPLICABLE:			

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE & COMPLETE TO THE BEST OF MY KNOWLEDGE

REQUESTER SIGNATURE:	DATE:
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**THIS APPLICATION MUST BE SIGNED IN FRONT OF A NOTARY PUBLIC IF REQUESTING BY MAIL**

Signed or attested before me on(date):	SEAL
Signature of Notary Public:	
My commission expires (date):	

PLEASE ATTACH A COPY OF YOUR VALID DRIVERS LICENSE OR STATE ISSUED ID IF SENT BY MAIL

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.  
PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000.00 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).  
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If fields are incomplete, the application may not be processed

\*\*\*If you have questions, please e-mail amandak@co.mower.mn.us or call 507-437-9535\*\*\*

For Administrative Use only I.D. viewed: Initials:
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