



# 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 <b>MN</b>
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 <b>public</b> 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. <i>Minnesota Statutes, section 144.225, subdivisions 2 and 7</i>					
1. <input type="checkbox"/> I want an image of the paper record for a birth in 2000 or before.					
2. <input type="checkbox"/> 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 <i>not</i> included.					
3. 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 <b>confidential</b> birth records. <b>Mark one of the boxes below. You must sign this application in front of a notary.</b>					
<input type="checkbox"/> I am the subject of the record age 16 or older			<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		
<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					
4. <input type="checkbox"/> I want a copy of the entire birth record including health information (available only for births 2001 to present). <b>Mark a box to the right</b> <input type="checkbox"/> I am the mother named on the birth record <input type="checkbox"/> I am a representative of local public health <i>You must sign this application in front of a notary.</i>					
Signature and Notary Information					
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>					
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:			
<b>Document requested</b>	<b>Request</b>	<b>Fee</b>	<b>Subtotals</b>
One noncertified birth record	1	\$13	<b>\$13</b>
<b>How many extra copies do you want?</b>	<b># extra copies</b>	<b>Fee</b>	
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 each	
<b>How do you want your request processed?</b>		<b>Fee</b>	<b>Choose processing</b>
Standard – request processed in the order received		\$0	
<b>How do you want your document(s) delivered?</b>		<b>Fee</b>	<b>Choose delivery</b>
Regular First Class Mail®		\$0	
<b>NOTICE: Fees are payable at the time of application and are non-refundable.</b>		<b>Total amount due:</b>	
<i>Minnesota Statutes, section 144.226.</i>		Amount must be at least \$13	
<b>How do you want to pay?</b>			
<input type="checkbox"/> <b>Check</b>		<b>Make check or money order payable to Rice County Recorder and send by mail with the application. Do not send cash.</b> <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>	
Check # _____			
<input type="checkbox"/> <b>Money order</b>			
Money order # _____			
If you have questions, contact the Rice County Recorder's office <b>Send application and payment to Rice County Recorder</b>			
Rice County Recorder 320 N.W. Third St. Faribault, MN 55021-6146 If you have questions, please contact us at 507-332-6114			