

## Getting a Birth Certificate by email

- You **must meet the legal requirements to get a certified birth certificate.**
  - You can get a birth certificate *only* if you have tangible interest.
  - You must qualify to get a confidential record in addition to having tangible interest.
- You must complete an application to request a certificate.
- You must sign and date the application in front of a notary public.
  - If the notary uses a raised or embossed seal, instead of a rubber ink stamp, please lightly shade over the seal with a pencil so it is visible on the scanned image.
- You must pay a fee of \$26. If you order more than one copy, each additional *copy of the same record* is \$19. Fees are non-refundable, as per Minnesota Statutes, section 144.226.

Email your application and payment information to [treasurer@co.wilkin.mn.us](mailto:treasurer@co.wilkin.mn.us)



# Birth Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

Birth Record Information		
First Name	Middle Name	Last Name
Date of Birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	City and County of Birth
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name

Requester Information				
Name			Date of Birth	
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

**What is your relationship to the subject of the record (tangible interest)? You must check one.**

- I am the subject of the record
- I am the parent
- I am the party responsible for filing the birth record
- I am the legal custodian, guardian or conservator of the subject (you must include a certified copy of a court order showing this relationship)
- I am the health care agent of the subject (you must include the health care agent power of attorney)
- I am a personal representative and the certified copy is required for the administration of the estate
- I am a successor of the subject as defined my MN statutes, section 524.1-201, and the subject is deceased
- I have documentation that the record is necessary for the determination or protection of personal or property rights (you must submit documentation showing this relationship)
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search (you must include a copy of your employee ID)
- I am an attorney and I have attached proof of my licensure
- I am presenting your office with a court order issued by a court of competent jurisdiction (this must be a certified copy)
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (you must include a copy of your employee ID)
- I am a representative authorized by a person listed above (you must include a notarized statement from a person listed above)
- I am the child of the subject
- I am the grandparent of the subject
- I am the spouse of the subject
- I am the grandchild of the subject

**Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)**

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Requester Signature		Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20_____		
Notary Public Signature		
My Commission Expires:		

**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 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

## Birth Certificate Application Fee and Payment Information

Requester Name:

### Fee and Payment Information

Item	Number Requested	Fee	Total
One birth certificate	1	\$26	\$26
Additional certificate(s) for the same birth record (optional)		\$19 each	
<b>Total amount submitted or to be charged to credit card: (This amount must be at least \$26.)</b>			

Type of Payment:     Credit Card             Money Order             Check

If paying by credit card (MasterCard/Visa):

Name on Card	Card Number	Expiration Date	3-digit CVV code

By signing here you authorize the above amount, plus a 2.45% convenience fee, to be charged to your credit card.

X \_\_\_\_\_

If paying by check or money order (make checks payable to Wilkin County Auditor-Treasurer):

Check/money order number

Checks returned for non-payment will be charged a \$30 fee.

Send application and payment:

By Fax: (218) 643-7169

By Email: [treasurer@co.wilkin.mn.us](mailto:treasurer@co.wilkin.mn.us)

By Mail:

Wilkin County Auditor-Treasurer  
PO Box 368  
Breckenridge, MN 56520