

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.
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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)
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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