

Homeless Youth Birth Certificate Packet

APPLICATION, INSTRUCTIONS, RELATED DOCUMENTS

You may apply for a no-cost birth certificate if you are homeless, 24 years old or younger, and born in Minnesota.

Information to find your birth record

Fill in the **Information to find your birth record** section. We need your full name, birthdate, sex, and place of birth in Minnesota to find your specific birth record. We also need the names of your parents, and your signature.

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.

Required – Proof that you are who you say you are

A vital records office must make sure that we give your birth certificate to you, and only to you. For that reason, we need proof that you are who you say you are. You can show an approved ID, OR one of two forms that you ask someone else to fill out and sign. There is more information about the two forms in this packet and on the application.

Send, or hand in your application

You **must** send or hand in a **complete application**. See the back of the application for the definition of “complete application.” Vital records offices cannot release your birth certificate without a document that proves you are who you say you are.

- If you apply in person at a county vital records office, you can get your certificate right away. See a list of [county vital records offices](http://www.health.state.mn.us/people/vitalrecords/registrars.html) (www.health.state.mn.us/people/vitalrecords/registrars.html) on our web site.
- If you apply by mail or fax, the vital records office will mail your certificate to the address you give us.

If you mail or fax your documents...

Tell us where you want us to send your birth certificate. On the application, write the address where you get your mail. This could be the address of a shelter, a friend, or a human services agency employee, a school social worker, or school staff person. PO boxes are acceptable.

Affidavit of Homeless Status

If you do not have an acceptable ID, ask someone at an agency that serves homeless youths to fill out the form. This could be someone at a shelter or your school. You need the Affidavit of Homeless Status, copy of the advocate's ID, and the Homeless Youth Birth Certificate Application to get your certificate.

Statement to Identify

Use the Statement to Identify form ONLY if you do not have an acceptable ID or an Affidavit of Homeless Status. Have someone who has known you for two or more years fill out this form. The person who fills out the form is known as the witness.

You and the witness may go to a county vital records office together. The witness must show their ID and sign the form in front of the county registrar. The Statement to Identify WITH the Homeless Youth Birth Certificate Application will get you your certificate.

Or the witness may sign the form in front of a notary public and give it to you. You can then either take the form and the application to a county vital records office or mail the forms to a vital records office.

If you are homeless, 24 years of age or younger, and born in Minnesota, use this form to request a certified copy of your birth certificate. You must also provide a document to prove who you are.

If we cannot find the birth record you request, we will send you a certified Statement of No Birth Record Found. NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.

Information to find the birth record			
Your first name	Your middle name	Your last name	Your name suffix
Your date of birth	Are you... <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Your Minnesota city of birth	Your Minnesota county of birth
Parent one first name	Parent one middle name	Parent one last name	Last name before 1 st marriage
Parent two first name	Parent two middle name	Parent two last name	Last name before 1 st marriage
I am requesting my own birth record, AND I am a homeless youth (see definition on next page). <i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>			
Your signature (Signature must match the name above)			Date signed
REQUIRED — Provide one of the three listed			
<input type="checkbox"/> Unexpired ID that shows: <ul style="list-style-type: none"> Your picture or your physical description Your signature The name of the agency that issued the ID to you MUST include all three.		Show your ID when you submit your request in-person at a county vital records office, or send a copy of the ID with your mailed or faxed request.	
<input type="checkbox"/> Affidavit of Homeless Status form from a provider of homeless youth services		See form on page 5	
<input type="checkbox"/> Statement to Identify form		See form on page 6	
Send or hand in your application to:		Incomplete requests	
A county vital records office — in-person, mail, or fax OR Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i>		The Office of Vital Records returns applications that are incomplete, not signed, or not accompanied by an identifying document at the time of application. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request to receive the birth certificate.	

Requester Name:				
Mailed and faxed requests — Where should we send your birth certificate?				
Your name	C/O (In care of) (if applicable)		Agency name (if applicable)	
Street address	Apt/Unit	City	State	ZIP code

Homeless youth definition

Minnesota Statutes, section 256K.45, subdivision 1a, paragraph (c), defines “homeless youth” as a person 24 years of age or younger who

- is unaccompanied by a parent or guardian and is without shelter where care and supervision are available.
- has a parent or legal guardian who is unable or unwilling to shelter and care for them.
- lacks a fixed, regular, and adequate nighttime residence.

The following are not “fixed, regular, or adequate nighttime residences”:

1. A supervised publicly or privately operated shelter designed to offer temporary living accommodations.
2. An institution or a publicly or privately operated shelter designed to offer temporary living accommodations.
3. Transitional housing.
4. A temporary placement with a peer, friend, or family member that has not offered a permanent residence, a residential lease, or temporary lodging for more than 30 days.
5. A public or private place not designed for, nor ordinarily used as, a regular sleeping accommodation for human beings.

Homeless youth does not include persons incarcerated or otherwise detained under federal or state law.

Use this form to verify your homeless status and request a no-cost birth certificate with the Homeless Youth Birth Certificate Request.

Advocate verification of youth's homeless status

A person described below **must** complete this entire form.

Mark one of the boxes below to show your relationship to the homeless youth. I am a(n):

- Employee of a human services agency** - my agency receives public funding to supply services to youths who are homeless, runaway, have mental illness, or have substance use disorders
- School staff person** who supplies services to homeless youths
- School social worker**

ADVOCATE: You must make a copy of your employee ID and attach it to this affidavit.

Please PRINT the information below. By law, the advocate must complete this section.

Advocate Information	Advocate's first name		Advocate's middle name		Advocate's last name	
	Advocate's agency					
	Advocate's home or business street address				Advocate's email address	
	Advocate's city			State	ZIP code	Phone number (10-digit)
	Homeless youth	First name of homeless youth		Middle name of homeless youth		Last name of homeless youth
		Homeless youth's birthdate		Homeless youth's parents' names (first, middle, and last)		
	1.					
	2.					
	I verify that the youth named above is homeless.					
	Advocate's signature					Date signed

NOTE to advocate: If you fill out this form, include it and a copy of your employment ID with the Homeless Youth Birth Certificate Application.

Statement to Identify

If you don't have an acceptable ID, ask a witness who has known you at least two years to complete this form, to swear to your (the requester's) identity and how they know you.
It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both.

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.	
Requester information – person applying for birth or death certificate (Please print)			
Requester first name	Requester middle name	Requester last name	Date of birth (mm/dd/yyyy)
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	Date of birth or death
Witness, will you and the requester go to the county vital records office together?			
<input type="checkbox"/> 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.			
<input type="checkbox"/> 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 <i>give this statement to the requester.</i>			
Signature of witness			Date signed
Notary	Signed or attested before me on _____ day of _____, 20_____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires	
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.			