



Statement to Identify

Use this form to swear to the identity of a person who is requesting a Minnesota birth or death certificate and who has no acceptable identity documents.

To request and get a Minnesota birth or death certificate, a requester must have acceptable identification (ID) and a legal right to the certificate. If the requester does not have an acceptable ID, a witness who has known the requester for 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 provide 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 street address | | | | | |
| Witness city | | | | Witness state | Witness ZIP |
| Witness phone number (xxx-xxx-xxxx) | | Witness email address | | | Witness date of birth |
| 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 | Requester date of birth | |
|----------------------|-----------------------|---------------------|-------------------------|--|

Name of the subject on the birth or death record requested (Please print)

| | | | | |
|----------------------|-----------------------|---------------------|----------------------------------|--|
| Subject's first name | Subject's middle name | Subject's last name | Subject's date of birth or death | |
|----------------------|-----------------------|---------------------|----------------------------------|--|

Will you (the witness) 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 a 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 | |
|----------------------|--|------|--|

| | | | |
|----------------------|---|-----------------------|-------------------|
| 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 | |