



**Statement to Identify
Certified Birth or Death Certificate Applicant**

Minnesota Rules, part 4601.2600, subpart 6, require completion of this statement by a witness that has known the applicant for at least two years.

Witness Information (Please Print)			
First Name	Middle Name or Initial	Last Name	
Street Address			
City	State	Zip code	
Ten Digit Phone Number	Date of Birth	Relationship to Applicant	
Applicant Information (Please Print)			
First Name	Middle Name or Initial	Last Name	Date of Birth
Name on the Birth/Death Record Requested (Please Print)			
First Name	Middle Name	Last Name	Date of Birth/Death

I have known the applicant named under Applicant Information for _____ years and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under Name on the Birth/Death Record Requested.

Sign in the presence of a registrar or notary and present government issued photo identification. If the witness cannot accompany the applicant to the registrar's office or if applying by mail or fax, the signature of the witness must be notarized.

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).

Witness Signature:	Date:
Subscribed and sworn to before me this _____ day	
of _____, 20_____	
(Seal)	
My Commission Expires _____	