

LETTER OF PERMISSION-BIRTH

DATE: _____

TO: CASS COUNTY, MINNESOTA, VITAL STATISTICS REGISTRAR

I give permission for _____ to pick up a certified copy of my
birth certificate on file with the State of Minnesota under the name of:

(requestors full legal name)

X _____
(signature of requestor)

STATE OF MINNESOTA (Notary must view ID)

COUNTY OF _____

Subscribed and sworn before me this _____ day of _____, 20____,

(Notary Seal)

(Signature of Notary)

My Commission Expires _____