

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 \_\_\_\_\_