

Letter of Authorization for Births

I, \_\_\_\_\_ do hereby authorize  
(Your Name)

\_\_\_\_\_ to receive my Birth Record from the  
(Name of person you are giving authorization to) (Certified Copy)

\_\_\_\_\_  
(Date of Birth of authorized individual)

Yellow Medicine County Recorder's Office, and I hereby authorize the

release of my Birth Record to \_\_\_\_\_.  
(Certified Copy) (Name of person you are giving authorization to)

My Name at birth: \_\_\_\_\_

My Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Today's Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

\_\_\_\_\_  
(Your Signature)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

(\_\_\_\_\_)\_\_\_\_\_  
Daytime Telephone Number

Subscribed and Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary's Signature)

(SEAL)

My Commission Expires \_\_\_\_\_