



Office of the County Auditor-Treasurer  
**STEARNS COUNTY LICENSE CENTER**  
Administration Center, Room 130 • 705 Courthouse Square  
• St. Cloud, MN 56303  
• Hours: 8 AM - 4:30 PM Mon – Fri  
• Phone: 320-656-3925 • FAX: 320-656-3932  
E-Mail: Vital.Stats@co.stearns.mn.us

## Genealogists / Researchers Request Form

**Person Making the Request** (Optional – However, if you are leaving the request form, we will need some of the information to contact you.)

Name: \_\_\_\_\_

Complete Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Please provide us with as much information as possible to make our search for the record you want successful. This includes listing name spelling variations and the possible range of years that the record may be found. If you want a certified copy of a birth or death record, you must have a tangible interest in the record. Be prepared to show your ID. A birth, death or marriage record form must be filled out and the fees paid. If the record is closed to the public, we may not be able to provide you with the information. If more than two records are requested, you may be asked to leave your request and we will get back to you as soon as possible.

### Birth Information

Full First Middle And Last Name On Birth Record	Date of Birth (Month Day & Year)	Sex	County Of Birth
<u>Mother</u> : First Middle and <u>Maiden</u> Name	<u>Father</u> : First Middle and Last Name		

Specific Information Needed: \_\_\_\_\_

### Death Information

<u>FULL</u> First, Middle & Last Name Of Decedent	
Date Of Death	County Of Death

Specific Information Needed: \_\_\_\_\_

**Marriage Information** -- Marriage Date: \_\_\_\_\_

<b>GROOM</b>	Name - First	Middle	Last
<b>BRIDE</b>	Name - First	Middle	Last (Maiden)