

## **Death Certificate Request**

Use this form to request a Minnesota death certificate. If we can't locate the record with the information you provide, we'll send you a certified Statement of No Record Found.

NOTE: County offices generally provide the fastest service. Certified records of deaths from 1997 to the present are available from any Minnesota county. Records for 1908 to 1997 deaths are only available from the county of death or Minnesota Department of Health. Pre-1908 records are only available from the county where the death occurred.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)

Info	rmation	about the dece	ased per	son – u	sed to	find the d	leath rec	ord		Minnesota Rules 4	1601.2600	
First name (required)				Middle name (required)				Last name (required)				
Date of death [MM/DD/YYY] Date of b (required)			oirth [MM/DD/YYYY]		Or Age	City of death			County of death (required)	State MN		
First parent's name			Second parent's		name		Spouse or		on record (if any)			
REQ	UIRED –	Requester info	rmation							Minnesota Rules 4	1601.2600	
Req	uester na	ame (please prir	nt)							Date of birth (MM/DD/YY)	Υ)	
Street address (Express delivery won't del				iver to PC	) boxes o	r APO addre	esses)	Daytime phone (10-digit)				
Apt	/Unit #	City		Sta	ate	Zip code		Email				
REQ	UIRED –	Mark the boxe	s that de	scribe y	your re	lationship	to the d	ecease	d person	Minnesota Statute	s 144.225	
4. 7. 8. 9. 10. 11. 12. 13. 14. 15.	Subject's personal representative: the certified death certificate is required for the administration of the estate  Successor of the subject; the certified death certificate is required for the administration of the estate  Trustee of a trust; the certified death certificate is required for the proper administration of the trust  Person providing proof that they need a death certificate for the determination or protection of a personal or property right.  Adoption agency — to complete post-adoption search (Employee ID required)  Attorney − I am the subject's attorney or the attorney for a person listed in items If you are a NON-Minnesota attorney, 1-10 above. My Minnesota Attorney License Number is:  I am presenting a valid copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me Local/state/tribal/federal governmental agency (Employee ID required)  I have a signed statement from a person listed above; it specifies the decedent's full name (first, middle, last) and date of death, the signer's relationship to the subject of the record, and authorizes me to obtain the certificate.											
										the best of my knowledge		
-		requester name	•		з аррт	341011134	<del>cca, atc</del> a		piete to	Date (if applying in per		
Notary	Printed	or attested before name of notary public signature	public	1	day	of	My com		20 expires	Notary stamp/seal		

## DEATH CERTIFICATE REQUEST

Requester Name:									
Fees and records request	Fee								
Death certificate with cause of	\$13								
Death certificate without cause	\$13								
Additional death certificates		ra copies	\$6 each						
Veterans Affairs (VA) death cer	tificate (for VA purposes o	nly)**	# of copies	\$0					
Processing	Fee								
Standard — request processed	\$0								
Faster — request handled ahea	\$20								
Shipping	Fee								
Regular first-class mail	\$0								
Express delivery (Check here	\$21								
<ul> <li>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not requisignature. Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>For delivery outside the United States, you must supply a prepaid express delivery envelope with your application.</li> </ul>									
Total due	able.								
Payment method									
☐ Credit card	Cardholder name	Valid thru (MM/YY)							
MasterCard/VISA/Discover	Card number	3-digit code							
☐ Check #		De	Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH. Checks						
☐ <b>Money order</b> Money order	<del>.</del> #		returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.						
Send your application and pay	ment to:	In	Incomplete requests						
Minnesota Department of Hea Office of Vital Records	lth	in	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. (Minnesota						
Mail: PO Box 64499, St. Paul, N	a Rules 460	•							
Fax: 866-416-1357 (credit card	closed 12 months after we								
Courier/express delivery: 625 55155 (no vital-records counter		su	receive them. Once a request is closed, you must submit a new request and pay the fee again to update the record and/or receive the vital records.						
If you have questions, contact the Office of Vital Records at <a href="mailto:health.vitalrecords@state.mn.us">health.vitalrecords@state.mn.us</a> or 651-201-5970.									

- The surviving spouse or next of kin of a veteran
- A service officer of any veterans organization chartered by the Congress of the United States
- A county veteran service officer
- A representative of the Department of Veterans Affairs

<sup>\*\*</sup> You may order a free VA death certificate if you are: