DEPARTMENT OF HEALTH

# Death Record Amendment Request

Use this form to request changes or additions to information on a Minnesota death record.

*It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.*

**Current death record information (including incorrect items)**

| | | | | |
|---|---|---|---|---|
| **Decedent** | Decedent's first name | Decedent's middle name | Decedent's last name | Name suffix |
| | Decedent's date of death (MM/DD/YYYY) | Decedent's city and county of death | | Decedent's sex ☐ Female ☐ Male |
| | Decedent's date of birth (MM/DD/YYYY) | Spouse's name (if listed on record) | | |

**What do you want to add or change on the death certificate?**

| | Information on the death certificate (if available): | What is WRONG or MISSING? | What *SHOULD* the certificate show? |
|---|---|---|---|
| **Decedent** | Decedent's name | ☐ First ☐ Middle ☐ Last ☐ Suffix | |
| | Last name before first marriage | ☐ Wrong ☐ Missing | |
| | Also known as (alias) | ☐ Wrong ☐ Missing | |
| | Social security number | ☐ Wrong ☐ Missing | |
| | Sex | ☐ Wrong ☐ Missing | |
| | Date of birth | ☐ Month ☐ Day ☐ Year | |
| | City or county of birth | ☐ City ☐ County | |
| | Date of death | ☐ Month ☐ Day ☐ Year | |
| | City, county, or state of death | ☐ City ☐ County ☐ State | |
| | Marital status | ☐ Wrong ☐ Missing | |
| | Decedent's residence: City, county, or state | ☐ City ☐ County ☐ State | |
| | Parent's name | ☐ First ☐ Middle ☐ Last ☐ Suffix | |
| | Parent's name | ☐ First ☐ Middle ☐ Last ☐ Suffix | |
| | Items not listed above (see instructions) | | |
| **Spouse** | Spouse's name | ☐ First ☐ Middle ☐ Last ☐ Suffix | |
| | Spouse's last name before marriage | ☐ Wrong ☐ Missing | |

**Requester information** *Documents will be returned to the address given.*

| | | | |
|---|---|---|---|
| Person completing this form – requester's name – please print | | | Daytime phone (10-digit) |
| Street address (Express delivery will not deliver to PO boxes or APO addresses.) | City | State | Zip code |
| Email address | | | Date (MM/DD/YYYY) |

☐ I am requesting the amendment of demographic or legal items for a ***death that occurred within the last five years***. I am presenting *documentation to support the requested amendment*. The amendment requested on this application is accurate. (*Minnesota Rules, part 4601.2100, subpart 5*)

☐ I am requesting the amendment of demographic or legal items for a ***death that occurred more than five years ago***. I am presenting *documentation to support the requested amendment*. The amendment requested on this application is accurate. (*Minnesota Rules, part 4601.2100, subpart 6)*
***You must mail your application, payment, and supporting documentation to the Office of Vital Records.***

☐ I am the **informant** named on the death record; the ***death occurred within the last year***. The amendment requested on this application is accurate and I agree to the requested amendment. (*Minnesota Rules, part 4601.2100, subpart 4)*

| **Requester's name** | |
|---|---|
| **REQUIRED – Sign this application in front of a Notary Public** | |
| *I certify that the information provided on this application is accurate and complete to the best of my knowledge.* | |
| Person completing this form – requester's signature | Notary stamp/seal |
| **Notary** Signed or attested before me on: day of , 20 | |
| Printed name of notary | |
| Notary public signature / My commission expires | |

| **Fees and records request** | **Fee** | |
|---|---|---|
| Administrative review and processing of amendment request | **$40** | **$40** |
| **Processing** | **Fee** | |
| Standard — request processed in the order received | **$0** | |
| Faster — request handled ahead of standard requests *(doesn't include express delivery)* | **$20** | |
| **Shipping** | **Fee** | |
| Regular first-class mail | **$0** | |
| Express delivery *(Check here ☐ to require a signature.)* | **$21** | |

- **The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.** Express delivery services will not deliver to PO boxes or APO addresses.
- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

| **Total due** | *Fees are due with the application and are non-refundable.* | |
|---|---|---|

| **Payment method** | | |
|---|---|---|
| ☐ **Credit card** MasterCard/VISA/Discover | Cardholder name | Valid thru (MM/YY) |
| | Card number | 3-digit code |

| | |
|---|---|
| ☐ **Check** Check # | **Make check or money order payable to Minnesota Department of Health.** DO NOT SEND CASH. Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties. |
| ☐ **Money order** Money order# | |

| **Send your application and payment to:** | **Incomplete requests** |
|---|---|
| **Minnesota Department of Health**<br>**Office of Vital Records**<br>**Mail:** PO Box 64499, St. Paul, MN 55164-0499<br>**Courier/express delivery:** 625 Robert St. N, St. Paul, MN 55155 *(no vital-records counter service at this location)* | 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. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records. |