



Death Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

DEATH RECORD INFORMATION		
First Name of Decedent (Required)	Middle Name (Required)	Last Name (Required)
Date of Death	Date of Age/Date of Birth	County of Death (Required)
Place of Death (City, Village, Township)		
Decedent's Spouse		

- _____ \$13.00 For certified record without cause of death (only for records 1997 to present)
- _____ \$13.00 First certified record with cause of death.
- _____ \$6.00 Each additional copy of the same record issued at the same time.

What is your relationship to the subject of the record (tangible interest)? You must check one.

- I am the child of the subject I am the spouse of the subject I am the grandchild of the subject
- I am the parent I am the grandparent of the subject I am the sibling of the subject
- I am the party responsible for filing the death record
- I am the legal custodian, guardian or conservator of the subject **(you must include a certified copy of a court order showing this relationship)**
- I am a personal representative and the certified copy is required for the administration of the estate
- I am a successor of the subject as defined in my MN statues, section 524.1-201, and the subject is deceased and the certified copy is required for the administration of the estate.
- I am a trustee of a trust and the certified copy is for proper administration of the trust.
- I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties
- I am an attorney and my attorney license number is _____.
- I am presenting your office with a court order issued by a court of competent jurisdiction. **(this must be a certified copy)**
- I am a representative authorized by a person listed above **(you must include a notarized statement in addition to the application) Must be mailed in.**

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

REQUESTER INFORMATION:			
Name (please print)		Date of Birth	
Mailing Address	City	State	Zip
Daytime Phone	I certify that the information provided on this application is accurate and complete to the best of my knowledge.		
Date:	Signature:		

Signature and Notary (application must be signed in front of a notary if applying by mail, fax or email)	
Signed or attested before me on: _____ day of _____, 20____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	
For Administrative Use Only ID Viewed Initials	

PENALTIES: Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes section 144.227)