

Death Certificate Application

To obtain any Minnesota death certificate, you must fill out the information on this form. You must also pay the required fee and provide acceptable identification.

Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.

Information about the deceased person - used to find the requested death record

Deceased Person	First name (required)		Middle name (required)	Last name (required)	Name suffix	
	Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYYY]	Or Age	City of death	County of death (required)	State MN
	First parent's name		Second parent's name		Spouse on record (if any)	

What kind of death certificate do you want?

- Certified death certificate *with* cause of death information
- Certified death certificate *without* cause of death information (only for records 1997 to today)
- Certified VA death certificate for Veterans Affairs-related purposes

Requester - person completing this application – by law you must supply this information

Requester	Requester name (please print)				Date of birth (MM/DD/YYYY)		
	Mailing address - UPS® will not deliver to PO boxes or APO addresses.			Apt/Unit #	City	State	ZIP Code™
	Daytime phone (10-digit)			Email			

MANDATORY — Mark the boxes that describe your relationship to the deceased person:

1. A child of the subject
2. The parent of the subject
3. The sibling of the subject
4. The spouse on the record
5. The grandparent of the subject
6. The grandchild of the subject
7. Subject's personal representative: the certified death certificate is required for the administration of the estate
8. Successor of the subject; the certified death certificate is required for the administration of the estate
9. Trustee of a trust; the certified death certificate is required for the proper administration of the trust
10. Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
11. Adoption agency — to complete post-adoption search (*Employee ID required*)
12. Attorney – I represent the subject, or a person listed in items 1-10 above. **If you are a NON-Minnesota attorney, attach a copy of your attorney license**
My **Minnesota** Attorney License Number is:
13. I am presenting a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
14. Local/state/tribal/federal governmental agency (*Employee ID required*) (Best practice: wait for family to verify death record).
15. 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.
16. I represent the Department of Veterans Affairs.

Sign this form in front of a Notary Public if you are applying by MAIL or FAX.

I certify that the information provided on this application is accurate and complete to the best of my knowledge. It is against the law to provide false information to get a death certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.

Signature of requester named above		Date (if applying in person)
Notary Public	Signed or attested before me on _____ day of _____, 20_____	
	Printed name of notary public	
	Notary public signature	My commission expires
		Notary stamp/seal



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Name of person completing this application

How many certified death certificates do you want?		Fee	Death certificates
One certified death certificate		\$13	
Extra copies are \$6 each if you buy them at the same time as you buy one at \$13.	# of extra copies	x \$6	
Fees are due with the application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i>			Total due
Total due			

How do you want to pay?

<input type="checkbox"/> Credit/Debit card MasterCard/VISA/Discover	PLEASE PROVIDE A DAY TIME TELEPHONE # WHERE WE CAN REACH YOU FOR THE CARD DETAILS. A \$1.50 CONVENIENCE FEE PER \$50 CHARGE WILL APPLY. Daytime Telephone # (_____) - _____ - _____
<input type="checkbox"/> Check Check #	Make check or money order payable to <i>the Le Sueur County Recorder</i> and send by mail with application. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>
<input type="checkbox"/> Money order Money order #	

Send your application and payment

LE SUEUR COUNTY RECORDER'S OFFICE
Attn: Vital Records
88 S. Park Ave.
Le Center, MN 56057

Or Email (only if paying by credit card) to Recorders@co.le-sueur.mn.us

If you have **questions** about this form, contact recorders@co.le-sueur.mn.us or (507) 357-8269