



# MINNESOTA DEATH RECORD APPLICATION – CERTIFIED DEATH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.  
 If you have questions, please e-mail health.osr1@.state.mn.us or call 651-201-5970

<b>DEATH INFORMATION</b>	<b>FULL NAME OF DECEDENT</b>	<b>DATE OF DEATH</b>
	<b>PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP)</b>	<b>COUNTY OF DEATH</b>
	<b>DECEDENT'S AGE/BIRTH DATE</b>	<b>DECEDENT'S SPOUSE</b>

- \_\_\_ \$13.00 First 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 decedent?**

1. I am the:
  - child of the subject
  - spouse of subject
  - grandchild of the subject
  - parent of subject
  - grandparent of the subject
  - sibling of the subject
2.  I am the party responsible for filing the death record.
3.  I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4.  I am a personal representative and the certified copy is required for the administration of the estate.
5.  I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6.  I am a trustee of a trust and the certified copy is for the proper administration of the trust.
7.  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)**
8.  I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
9.  I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
10.  I am an attorney and my attorney license number is \_\_\_\_\_.
11.  I am presenting your office with a court order issued by a court of competent jurisdiction.
12.  I am a representative authorized by a person under items #1-11. **(Must have a notarized statement in addition to the application) Must be mailed in.**

**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).

<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:</b>			
Your Name: (please print)			
I certify that the information provided on this application is accurate and complete to the best of my knowledge.			Date of Birth: _____
Your Signature			Date     /     /
Your Address:			Daytime Phone
	(City)	(State)	(Zip)

**Signature MUST be notarized if applying by mail or fax.**

Signed or attested before me on (date): \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

My commission expires (date): \_\_\_\_\_

For Administrative Use only

I.D. viewed:

Initials:



## Death certificate fee worksheet

* Print your name as it appears on your application:			
How many	Item	Fee for each	Total
	First certificate for each death record ordered	\$13	\$
	Additional certificates for same record	\$6	\$
	Optional - An Expedite fee is a per-record fee that will place your request ahead of other requests. An Expedite fee does NOT include Federal Express or other special mailing fees.	\$20	\$
	Optional -Federal Express Mail Service is \$16 for most deliveries. Higher rates apply to Saturday or international service and to deliveries to Alaska and Hawaii.	\$16 (fee is per order only)	\$
Total amount included:			\$ 0
Credit Card Users:			
Credit card number:			
3 Digit security code on back of card:			
Expiration date:			

Make your check or money order payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2, and civil penalties may be imposed for nonpayment.

**Mail** the completed application form, death certificate fee worksheet, copy of your valid driver's license or state issued ID and payment to:

Minnesota Department of Health  
 Central Cashiering – Vital Records  
 P.O. Box 64499  
 St. Paul, Minnesota 55164-0499

**OR**

Fax the completed form, death certificate fee worksheet, credit card (Master Card, VISA and Discover Card) number and expiration date to 651-201-5740.

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