

Minnesota Department of Health - Office of the State Registrar - MN VRV2000 Documentation of Death  
For Administrative Use Only

1a Decedent's First Name		1b Decedent's Middle Name					
1c Decedent's Last Name		1d Decedent's Maiden Name		1e Prefix	1f Suffix	2 Sex	3 SSN
4a Alias' First Name		4b Alias' Middle Name		4c Alias' Last Name		4d Prefix	4e Suffix
5a Date of Death	5b Found <input type="checkbox"/> Yes <input type="checkbox"/> No	6 Date of Birth		7a Age (in years)		Under 1 Year 7b months      7c days      Under 1 Day 7d hours      7e minutes	
8 Birthplace (City, State or Foreign Country)		9 Father's Name (First, Middle, Last)			10 Mother's Name (First, Middle, Maiden)		
11a Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married		11b Spouse's Name (First, Middle, Last/Maiden)		12 Race (<2004 use box 12) (2004+ use Page 2)		13 Hispanic Origin (<2004 use box 13) (2004+ use Page 2)	
14 Education (Highest completed)		15 Decedent's Usual Occupation		16 Kind of Business or Industry		17 U.S. Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
18a Residence of Decedent (Street and Number)		18b State	18c County		18d City or Township		18e Zip Code
							18f In City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No
19a Informant's Name (First, Middle, Last)				19b Informant's Relationship			
20a. Place of Death (Specify One) <input type="checkbox"/> Hosp. <input type="checkbox"/> Hspc. <input type="checkbox"/> N.H. <input type="checkbox"/> Board/Care <input type="checkbox"/> Supervised Facility <input type="checkbox"/> Res. <input type="checkbox"/> Other (Specify)		20b Name of Facility Where Death Occurred (If not institution, specify street address)					
		20c If Hospital (specify one) <input type="checkbox"/> Inpatient <input type="checkbox"/> ER <input type="checkbox"/> DOA <input type="checkbox"/> Other					
21 County of Death		22 City or Township of Death		23 Method of Disposition (Check all that apply) <input type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Donation <input type="checkbox"/> Cremation <input type="checkbox"/> Other (Specify)			
24 Date of Disposition		25a Cemetery Name					
25b Cemetery State		25c Cemetery City					
26a If Cremation, Specify Crematory Name			26b If Cremation, Specify Name of M.E./ Coroner Authorizing Cremation (First, Middle, Last)				
27a Funeral Director's License Number		27b Funeral Director's Name (First, Middle, Last)					
28a Funeral Home's Establishment Number		28b Funeral Home Responsible for Disposition					
29a Physician's Lic#	29b Physician's Name and Title <input type="checkbox"/> M.D. <input type="checkbox"/> Coroner/M.E. <input type="checkbox"/> D.O.						
30 Physician's Address (Street and Number, City, State, Zip)							
31 Dates that physician attended the deceased				32 Physician viewed the body after death			
31a From Date		31b To Date		31c Last Date visited deceased		<input type="checkbox"/> Yes <input type="checkbox"/> No	
33 Part I IMMEDIATE cause of death (final disease or condition resulting in death).		Enter the diseases, injuries, or complications that caused death. Do not enter the mode of dying, such as cardiac or respiratory shock or heart failure. List only one cause per line.					Interval between onset and death
a.		Due to (or as a consequence of)					
b.		Due to (or as a consequence of)					
c.		Due to (or as a consequence of)					
d.		Due to (or as a consequence of)					
34 Part II Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
35 Time of Death		36 Was Female Pregnant at Death? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown In Last 12 Months? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
37 Manner of Death (If Manner of Death is not Natural then death must be referred to a M.E. or Coroner) <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Cannot be Determined <input type="checkbox"/> Not Classifiable							
38 Autopsy <input type="checkbox"/> Yes <input type="checkbox"/> No		39 Autopsy Results Available <input type="checkbox"/> Yes <input type="checkbox"/> No		40 M.E./Coroner Notified <input type="checkbox"/> Yes <input type="checkbox"/> No		41 Diagnosis Deferred <input type="checkbox"/> Yes <input type="checkbox"/> No	
42 Injury Occurred <input type="checkbox"/> Yes <input type="checkbox"/> No							
43a Place of Injury (Street and Number, City, State, Zip)							
43b Describe How Injury Occurred							
43c Type of Place Where Injury Occurred			43d Date of Injury		43e Time of Injury		43f Injury at Work <input type="checkbox"/> Yes <input type="checkbox"/> No

Funeral Director/Mortician Signature \_\_\_\_\_  
(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

Coroner/Physician/ME Signature \_\_\_\_\_  
(Signature and submission of form to MDH not required if filed electronically through MN VRV2000)

Decedent's Name \_\_\_\_\_  
Date of Death \_\_\_\_\_

**Multiple Race and Hispanic Origin Collection Form  
Dates of Death beginning January 1, 2004**

(Deaths prior to 1/1/2004, complete boxes 12 and 13, Page 1)

RACE:

Check one or more races to indicate what the decedent considered himself or herself to be.

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe(s)) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) \_\_\_\_\_
- Other (specify) \_\_\_\_\_
- Unknown
- Not Obtainable
- Refused

HISPANIC ORIGIN:

Check the box or boxes that best describe whether the decedent was Spanish/Hispanic/Latino. Check the "No" box if decedent was not Spanish/Hispanic/Latino

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latino (specify) \_\_\_\_\_
- Unknown if Spanish/Hispanic/Latino
- Not Obtainable
- Refused