



To morticians and funeral directors:

If the funeral establishment is not registering death records electronically through MN VRV2000, Minnesota Rules, part 4601.1900 requires that the person in charge of the funeral establishment or that person's authorized designee submit this report to the State Registrar on or before the 10th day of each month.

**Explanation of column headings:**

- (1) **Name of Deceased**, as shown on the *Documentation of Death Worksheet*.
- (2) **Date of Death (D.O.D.)**, as shown on the *Documentation of Death Worksheet*.
- (3) **Age**, as shown on the *Documentation of Death Worksheet*. Infant death should be reported in minutes, hours, days, or months. For a fetal death, enter "FD".
- (4) If the death did occur in Minnesota, record the **Place of Death** as the county in which the death occurred. If the death did not occur in Minnesota, record the state or country in which the death occurred.
- (5) Did an employee of your establishment file the death record? Answer yes or no.
- (6) If the answer in column **(5) is yes**, record the name of the local registrar with whom the record was filed. If the answer in column **(5) is no**, record the name of the funeral establishment from whom the body was received; if received from outside Minnesota, also record the state or country.
- (7) If the answer in column **(5) is yes**, record the date on which the death record was filed with the local registrar. If the answer in column **(5) is no**, leave this item blank.
- (8) If your professional services included the first call, filing of the record, preparation of the body, the casket sale or funeral service and final disposition, answer yes in column 8.
- (9) If another establishment was involved, list the establishment name in the **Remarks** column. If the decedent was a fetal death, list the name of the hospital where the event occurred. Use also for notes that may explain why a record has not yet been filed.

Signature of reporter: \_\_\_\_\_ Date: \_\_\_\_\_

