



APPLICATION FOR A NON-CERTIFIED TRANSCRIPT OF A MINNESOTA DEATH RECORD

The non-certified transcript is for informational use only. It will not show an issuance office or issue date.

PART I: Death Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH	DATE OF BIRTH OR AGE	CITY & COUNTY OF DEATH
MOTHER'S NAME	FATHER'S NAME	SPOUSE ON THE RECORD (IF ANY)
PART II: Requester Information		
NAME (PLEASE PRINT)		
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)		
CITY	STATE	ZIP
DAYTIME PHONE	EMAIL	

PENALTIES: Any person who willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

PART III: Fee and Payment Information			
Item	Number requested	Fee per item	Total
One non-certified transcript		\$13	\$13
Each additional non-certified transcript for the same person		\$6 each	
Optional: Federal Express delivery This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. If you do not check this box, no signature will be required. Federal Express will not deliver to P.O. boxes or A.P.O addresses.		\$16	
Optional: Expedite This is an <u>additional</u> fee that will place this request ahead of non-expedited requests.		\$20	
Total amount submitted or to be charged to credit card:			
(This amount must be at least \$13.)			
Type of payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Money order <input type="checkbox"/> Check			
If paying by credit card (MasterCard/VISA/Discover):			
Name on card:		Card number:	
3 digit security code on back of card:		Expiration date:	
If paying by check or money order (make payable to Minnesota Department of Health):			
Check/money order number:			

Due to high administrative costs, we are unable to issue refunds for overpayment.
 Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Fax application and credit card information to: 651-201-5740

OR

Mail application and credit card information or check/money order to:
 Minnesota Department of Health
 Central Cashiering – Vital Records
 PO Box 64499
 St. Paul, MN 55164-0499

If you submit this application to a local issuance office, Federal Express delivery and expedited service may not be an option. All payment types may not be accepted. Call the local issuance office before sending your application to confirm payment types and services available.