

"Amendment" means completion or correction made to demographic and legal items on a death record after the purchase of a death certificate, or more than one year after the event, whichever occurs first.

Information to identify the death record

Decedent Information	Decedent's first name		Decedent's middle name		Decedent's last name		Decedent's name suffix
	Date of death (MM/DD/YYYY)		Decedent's city of death			Decedent's county of death	
	Decedent's Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (MM/DD/YYYY)		Decedent's spouse's name (if listed on record)			

What item(s) do you want to add or change?
What is the correct information?

I want to add or change	The correct information is
I want to add or change	The correct information is
I want to add or change	The correct information is
I want to add or change	The correct information is
I want to add or change	The correct information is
I want to add or change	The correct information is
I want to add or change	The correct information is

Funeral home representative

I am an authorized representative of the funeral establishment (FE) that filed the documentation of death; ***the death occurred within the last year*** and the informant has approved the requested amendment(s).

(Minnesota Rules, part 4601.2100, subpart 3)

Funeral director (or authorized FE representative) completing this form Please print		Funeral home name (must match funeral home name on death record)		
Funeral home mailing address – street		Funeral home city	State	ZIP Code
Funeral home phone (10-digit)	Email	Signing date (MM/DD/YYYY)		

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

Signature of funeral director (or authorized representative of funeral establishment)

It is against the law to provide false information to amend a vital record. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Name of funeral home representative			
Death record amendment fee			Amendment fee
The fee for administrative review and processing of a request for the amendment of any vital record is \$40 . <i>The \$40 fee does not cover the cost of new certificates.</i>			\$40
How many new death certificates do you want?			Certificates
First copy of fact of death certificate - \$13			Enter \$0 or \$13
First copy of new fact and cause of death certificate - \$13			Enter \$0 or \$13
Extra copies cost \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		X \$6 # extra copies	
Fee is payable at the time of application and is nonrefundable. <i>Minnesota Statutes, section 144.226</i> The amount you pay must cover the certificates and services you requested.		Total amount due	Total must include amendment fee and costs of certificates
How do you want to pay?			
<input type="checkbox"/> Invoice - ONLY available at County Vital Records Offices that allow invoicing			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru MM/YY
	Card number		3-digit security code
<input type="checkbox"/> Check Check # _____		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 # _____			
If you have questions , please email health.vitalrecords@state.mn.us or call 651-201-5970.			
Send application and payment to the Office of Vital Records OR to a County Vital Records Office			
Mail application and check or money order (made payable to the Minnesota Department of Health) to: Minnesota Department of Health Office of Vital Records PO Box 64499 St. Paul MN 55164-0499		County Vital Records Offices Information (www.health.state.mn.us/people/vitalrecords/registrars.html)	
FAX application and credit card information to 866-416-1357			

The Office of Vital Records returns incomplete applications or applications received without full payment for the services and certificates requested.