## DEPARTMENT OF HEALTH

## **Death Certificate Request**

Use this form to request a Minnesota death certificate. If we can't locate the record with the information you provide, we'll send you a certified Statement of No Record Found.

NOTE: County offices generally provide the fastest service. Certified records of deaths from 1997 to the present are available from any Minnesota county. Records for 1908 to 1997 deaths are only available from the county of death or Minnesota Department of Health. Pre-1908 records are only available from the county where the death occurred.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)

Info	rmation	about the dece	ased per	rson	- used to	find the d	leath reco	ord			Minnesota Rules 4	601.2600
First	name (ree	quired)		Mid	dle name (r	equired)	l	.ast nam	ne (requi	ired)		
Date	of death [	MM/DD/YYYY]	Date of b	oirth	[MM/DD/YYYY]	Or Age	City of de	ath		Cou	nty of death (required)	State
(requ	iired)											MN
First	parent's r	name	•	Seco	ond parent's	s name	•		Spouse	on rec	cord (if any)	
											Minnocota Dulos A	1601 2600
		Requester info								Data	Minnesota Rules 4	
Req	uester na	me (please prir	11)							Date d	of birth (MM/DD/YYY	¥)
Street address (Express delivery won't deliver to PO boxes or APO addresses) Daytime phone										ne (10	)-digit)	
Apt/	′Unit #	City			State	Zip code		Email				
REQ	UIRED –	Mark the boxe	s that de	scril	be your rel	ationship	to the d	eceased	d persor	n	Minnesota Statute	s 144.225
13. 14. 15. 16.	The sp  Subject Succest Curve	ssor of the subject e of a trust; the of providing proof ion agency — to of ney – I am the sul ve. My <b>Minnesot</b> resenting a valid state/tribal/fede a signed statemo e signer's relation esent the Depart	resentativ ct; the cer certified d f that they complete bject's att ta Attorne copy of a eral govern ent from a nship to t ment of V	tifiec eath post corne ey Lic U.S. o nmer a per he su cetera	d death certi certificate i d a death ce -adoption se ey or the atte ense Numb court order ntal agency fson listed a ubject of the ans Affairs (	indparent o leath certif ificate is re is required ertificate fo earch ( <i>Emp</i> orney for a er is: (not a subp ( <i>Employee</i> bove; it sp e record, a Best practi	of the subj icate is rec equired for for the pro- for the dete oloyee ID re a person lis poena) that ID require ecifies the nd authori ice: wait u	quired for the adm oper adm rminatic equired) sted in it t orders ed) decede izes me f ntil fami	ninistrati ministrat on or pro tems <b>If</b> y <b>at</b> i release o nt's full i to obtair ily has ve	The ministration of t tion of f totection <b>you are</b> <b>tach a</b> of the c name (	the trust n of a personal or prope e a NON-Minnesota att copy of your attorney death certificate to me (first, middle, last) and o ertificate. death record).	erty right. <b>torney,</b> <b>license</b> date of
		Sign this form i									Minnesota Rules 4	
			•		this applic	ation is a	ccurate a	nd com	plete to		est of my knowledge.	
Sign	ature of	requester name	ed above							Da	ate (if applying in per	son)
Notary	Printed	or attested befo name of notary public signature	public	1	day o	of	My com	-	20 expires		Notary stamp/seal	

## DEATH CERTIFICATE REQUEST

Requester Name:				
Fees and records request			Fee	
Death certificate with cause of	\$13			
Death certificate without cause	\$13			
Additional death certificates		# of extra copies	\$6 each	
Veterans Affairs (VA) death cer	tificate (for VA purposes of	only)** # of copies	\$0	
Processing			Fee	
Standard — request processed	\$0			
Faster — request handled ahea	\$20			
Shipping	Fee			
Regular first-class mail	\$0			
Express delivery (Check here	\$21			
	· _ · · · · · · ·			
Total due	Fees are due with t	he application and are non-refund		your application
Total due Payment method			able.	
Payment method	Fees are due with t Cardholder name		oble. Valid thr	u
			able.	u
Payment method	Cardholder name		Valid thr (MM/YY 3-digit code r payable t	u ) o Minnesota
Payment method  Credit card MasterCard/VISA/Discover Check #	Cardholder name Card number	he application and are non-refunde	valid thr (MM/YY 3-digit code r payable t NOT SEND vill result ir	) <b>to Minnesota</b> CASH. Checks in a \$30 charge to
Payment method         Credit card         MasterCard/VISA/Discover         Check         Check	Cardholder name Card number	Make check or money order Department of Health. DO N returned for non-payment w	valid thr (MM/YY 3-digit code r payable t NOT SEND vill result ir	o <b>Minnesota</b> CASH. Checks n a \$30 charge to
Payment method         Credit card         MasterCard/VISA/Discover         Check         Check         Money order	Cardholder name Card number "# <b>ment to:</b>	Make check or money order         Department of Health. DO N         returned for non-payment w         you. You could also face civit         Incomplete requests         The Office of Vital Records re         incomplete, not signed in free	valid thr (MM/YY 3-digit code r payable t NOT SEND vill result ir I penalties. eturns app ont of a no	iu ) <b>To Minnesota</b> CASH. Checks in a \$30 charge to lications that are tary public, or
Payment method         Credit card         MasterCard/VISA/Discover         Check         Check         Money order         Money order         Send your application and pay         Minnesota Department of Heal	Cardholder name Card number "# <b>ment to:</b> Ith	Make check or money order Department of Health. DO N returned for non-payment w you. You could also face civil Incomplete requests The Office of Vital Records re	valid thr (MM/YY 3-digit code r payable t NOT SEND vill result in I penalties. eturns app ont of a not f applicatio	u ) o Minnesota CASH. Checks n a \$30 charge to lications that are tary public, or on. (Minnesota
Payment method         Credit card         MasterCard/VISA/Discover         Check         Check #         Money order         Money order         Send your application and pay         Minnesota Department of Hea         Office of Vital Records	Cardholder name Card number "# <b>ment to:</b> Ith //N 55164-0499	Make check or money order         Department of Health. DO N         returned for non-payment w         you. You could also face civil         Incomplete requests         The Office of Vital Records reincomplete, not signed in free or paid in full at the time o	valid thr (MM/YY 3-digit code r payable t NOT SEND vill result ir l penalties. eturns app ont of a nor f applicatio a Rules 460 closed 12 i	u ) co Minnesota CASH. Checks n a \$30 charge to lications that are tary public, or on. ( <i>Minnesota</i> 01.2600) months after we

If you have questions, contact the Office of Vital Records at <u>health.vitalrecords@state.mn.us</u> or 651-201-5970.

**\*\*** You may order a free VA death certificate if you are:

- The surviving spouse or next of kin of a veteran
- A service officer of any veterans organization chartered by the Congress of the United States
- A county veteran service officer
- A representative of the Department of Veterans Affairs