



APPLICATION TO AMEND A DEATH RECORD THROUGH THE INFORMANT

This application must be signed by the informant and must be notarized.

To identify the death record to be amended, enter the following information as it **CURRENTLY** appears on the record.

DECEDENT'S FIRST NAME		MIDDLE NAME		LAST NAME ON DEATH RECORD	
DEATH MONTH	DEATH DAY	DEATH YEAR	SEX	DECEDENT'S AGE OR BIRTH DATE	
PLACE OF DEATH - CITY OR TOWNSHIP			PLACE OF DEATH - COUNTY		
SPOUSE'S FIRST NAME		MIDDLE NAME		LAST OR MAIDEN NAME	

To amend the death record identified above, enter information below only if you want the information to be changed. Do not repeat information that is not requested to be changed.

CHANGE THE DECEDENT'S			
FIRST NAME to:		SOCIAL SECURITY NO to:	
MIDDLE NAME to:			
LAST NAME to:		DATE OF DEATH to:	
SEX to:		CITY OF DEATH to:	
DATE OF BIRTH to:		COUNTY OF DEATH to:	

CHANGE THE MOTHER'S		CHANGE THE FATHER'S	
FIRST NAME to:		FIRST NAME to:	
MIDDLE NAME to:		MIDDLE NAME to:	
LAST NAME to:		LAST NAME to:	

CHANGE THE SPOUSE'S		CHANGE (Specify item not listed)	
FIRST NAME to:			to:
MIDDLE NAME to:			to:
LAST or MAIDEN NAME to:			to:

As required by Minnesota Rules, part 4601.2100, subpart 4, I attest that I am the informant named on the original documentation of death, that the amendment requested on this application is accurate, and that I agree to the requested amendment.

PENALTIES: Any person who willfully and knowingly supplies false information used in the preparation of this amendment is guilty of a misdemeanor or a gross misdemeanor (Minnesota Statutes, section 144.227).

Signed or attested before me on:

_____ Date

_____ Signature of Informant

_____ Notary Public

_____ Name of Informant - Please print or type

My commission expires: _____

_____ Street Address

_____ City, State, Zip

_____ Telephone Number