



MINNESOTA DEATH RECORD APPLICATION – CERTIFIED DEATH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

DEATH INFORMATION	FULL NAME OF DECEDENT	DATE OF DEATH
	PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP)	COUNTY OF DEATH
	DECEDENT'S AGE/BIRTH DATE	DECEDENT'S SPOUSE

- ___ \$13.00 First certified record without cause of death (only for records 1997 to present)
- ___ \$13.00 First certified record with cause of death
- ___ \$6.00 Each additional copy of the same record issued at the same time

Check one only:

1. I am the:

<input type="checkbox"/> child of the subject	<input type="checkbox"/> spouse of subject	<input type="checkbox"/> grandchild of the subject
<input type="checkbox"/> parent of subject	<input type="checkbox"/> grandparent of the subject	<input type="checkbox"/> sibling of the subject
2. I am the party responsible for filing the death record.
3. I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4. I am a personal representative and the certified copy is required for the administration of the estate.
5. I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. I am a trustee of a trust and the certified copy is for the proper administration of the trust.
7. I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
8. I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
9. I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
10. I am an attorney and my attorney license number is _____.
11. I am presenting your office with a court order issued by a court of competent jurisdiction.
12. I am a representative authorized by a person under items #1-11. **(Must have a notarized statement in addition to the application) Must be mailed in.**

PENALTIES:

Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:			
Your Name: (please print)			
I certify that the information provided on this application is accurate and complete to the best of my knowledge.			Date of Birth: _____
Your Signature			Date / /
Your Address:			Daytime Phone
	(City)	(State)	(Zip)

Signature must be notarized if applying by mail or fax.	<i>For Administrative Use Only</i>
Subscribed and sworn before me this _____ day of _____, 20____ (Seal)	ID Viewed _____
_____. My commission expires: _____	Initials _____