



## MINNESOTA DEATH RECORD APPLICATION – CERTIFIED DEATH CERTIFICATE

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

If you have questions, please e-mail [osr1@health.state.mn.us](mailto:osr1@health.state.mn.us) or call 651-201-5970

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

\_\_\_ \$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

**What is your relationship to the decedent?**

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).

<b>THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:</b>			
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.**

For Administrative Use only

Signed or attested before me on (date): \_\_\_\_\_

I.D. viewed:

Signature of Notary Public: \_\_\_\_\_

Initials:

My commission expires (date): \_\_\_\_\_