



# Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to provide the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

## Information about the deceased person - used to locate the requested death record

Deceased Person	First name (required)	Middle name (required)	Last name (required)	Name suffix	
	Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYYY] OR Age	City of death	County of death (required)	State <b>MN</b>
	First parent's name	Second parent's name	Spouse on record (if any)		

## What kind of death certificate do you want?

- Certified death certificate *with* cause of death information
- Certified death certificate *without* cause of death information (only for records 1997 to today)
- Certified VA death certificate for Veterans Affairs-related purposes

## Requester - person completing this application

Requester	Requester name (please print)			Date of birth (MM/DD/YYYY)	
	Mailing address – UPS will not deliver to PO boxes or APO addresses.	Apt/Unit #	City	State	ZIP
	Daytime phone	Email			

## MANDATORY — Check the boxes below that describe your relationship to the deceased person:

1.  A child of the subject
2.  The parent of the subject
3.  The sibling of the subject
4.  The spouse on the record
5.  The grandparent of the subject
6.  The grandchild of the subject
7.  Party responsible (licensed mortician or funeral director) for filing the death record
8.  Subject's personal representative; the certified death certificate is required for the administration of the estate
9.  Successor of the subject; the certified death certificate is required for the administration of the estate
10.  Trustee of a trust; the certified death certificate is required for the proper administration of the trust
11.  Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
12.  Adoption agency — to complete post-adoption search (*Employee ID required*)
13.  Attorney — my Minnesota Attorney License Number is: \_\_\_\_\_ NON-Minnesota Attorney - affix copy of license
14.  I am presenting a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
15.  Local/state/tribal/federal governmental agency (*Employee ID required*)
16.  I have a signed statement from a person listed above; it specifies the decedent's full name (first, middle, last) and date of death, the signer's relationship to the subject of the record, and authorizes me to obtain the certificate.
17.  I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

## Sign this form in front of a Notary Public if you are applying by MAIL or FAX.

*I certify that the information provided on this application is accurate and complete to the best of my knowledge. It is against the law to provide false information to get a death certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Signature of requester named above	Date
	(if applying in person)

Notary Public	Signed or attested before me on _____ day of _____, 20 _____	Notary stamp/seal
	Printed name of notary public	
	Notary public signature	My commission expires



# Death Certificate Application

Name of person completing this application \_\_\_\_\_

How many certified death certificates do you want?		Fee	Subtotals
One certified death certificate		\$13	
Additional copies are \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>	# of additional copies	x \$6	\$ 0
How many VA death certificates do you want?		Fee	VA certificates
VA death certificates are for Veterans Affairs related purposes only	# VA certificates	\$0	\$0
How do you want your request processed?		Fee	Chooseprocessing
Standard – request processed in the order received		\$0	
Faster – your request goes ahead of standard requests ( <i>Does not include UPS delivery</i> )		\$20	Enter \$0 or \$20
How do you want the certificates you ordered delivered to you?		Fee	Choosedelivery
Regular First Class Mail®		\$0	
United Parcel Service (UPS)		\$16	Enter \$0 or \$16
<p><b>For UPS delivery</b>, check here <input type="checkbox"/> to require a signature.  <b>The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.</b>            UPS will not deliver to PO boxes or APO addresses.            If you want <b>UPS delivery to an address outside of the United States</b>, you must include a UPS prepaid envelope when you submit your application and fees.</p>			
<p>The amount you pay must cover the certificates and services you requested.</p>		Amount due	
		Write in total if filling out byhand	
		\$ 0	
		Amount due	
<p><b>How do you want to pay? Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.</b></p>			
<p><b>Credit card payments accepted in office only</b></p>	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> <b>Check</b> Check # _____		<p><b>Make check or money order payable to the Minnesota Department of Health and send by mail with application. DO NOT SEND CASH.</b></p> <p>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></p>	
<input type="checkbox"/> <b>Money order</b> Money order # _____			
<p><b>Send your application, check, money order, or credit card information</b></p>			
<p><b>By mail</b> (Do not send cash)</p> <p>Crow Wing County Land Services            322 Laurel Street, Suite 15            Brainerd MN 56401</p>		<p>The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public and not paid in full at the time of application.</p>	
<p>If you have <b>questions about this form</b>, contact <a href="mailto:landservices@crowwing.us">landservices@crowwing.us</a> or (218)824-1010</p>			

DCN/Certificate # \_\_\_\_\_ Requester # \_\_\_\_\_

ID Type \_\_\_\_\_ ID # \_\_\_\_\_

Number of Copies \_\_\_\_\_ Amount \$ \_\_\_\_\_

Initials \_\_\_\_\_ Issue Date \_\_\_\_\_