APPENDIX D: Minnesota Certificate of Death Application

MINNESOTA CERTIFICATE OF DEATH APPLICATION

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

Make sure all boxes are complete or your application may be returned.

PART I: Death Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH	DATE OF BIRTH OR AGE	CITY & COUNTY OF DEATH
MOTHER'S NAME	FATHER'S NAME	SPOUSE ON THE RECORD (IF ANY)

Please check one of the following:

- ☐ I would like a death certificate with cause of death information
- ☐ I would like a death certificate **without** cause of death information (only available for records 1997 to present)

PART II: Requester Information		
NAME (PLEASE PRINT)		DATE OF BIRTH
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)		
CITY	STATE	ZIP
DAYTIME PHONE	EMAIL	

PART III: What is your relationship to the subject of the record (tangible interest)? You must check one.

- ☐ I am the child of the subject
- ☐ I am the parent of the subject
- ☐ I am the sibling of the subject
- ☐ I am the spouse on the record
- ☐ I am the grandparent of the subject
- ☐ I am the grandchild of the subject
- ☐ I am the party responsible for filing the death record
- ☐ I am a personal representative and the certified copy is required for the administration of the estate **(you must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)**
- ☐ I am a successor of the subject as defined in Minnesota Statutes, section 524.1-201 and the certified copy is required for the administration of the estate **(you must include a sworn affidavit of the fact that the certified copy is required for administration of the estate)**
- ☐ I am a trustee of a trust and the certified copy is required for the proper administration of the trust **(you must submit a sworn affidavit of the fact that the certified copy is needed for the proper administration of the trust)**
- ☐ I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation showing this relationship)**
- ☐ I represent an adoption agency and the record is needed to complete a confidential post-adoption search (please submit a copy of your employee ID)
- ☐ I am an attorney and I have attached proof of my licensure
- ☐ I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- ☐ I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (please submit a copy of your employee ID)
- ☐ I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

PURPOSE FOR YOUR REQUEST (optional)

PART IV: Notarized Signature (Requester must sign application in front of a notary if applying by mail or fax)

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

REQUESTER'S SIGNATURE	
Signed or attested before me on: ______ **day of** ________________, **20**______	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES:	

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to $3000 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

If you have questions, please contact us at health.issuance@state.mn.us.

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MINNESOTA CERTIFICATE OF DEATH APPLICATION

REQUESTER'S NAME:

PART V: Fee and Payment Information

Item	Number requested	Fee per item	Total
One death certificate	1	$13	$13
Additional death certificate(s) for the same person		$6 each	
Optional: Federal Express delivery This is an <u>additional</u> fee that applies only to the method of delivery. ☐ Please check here if you want Federal Express to require a signature for receipt. **If you do not check this box, no signature will be required.** Federal Express will not deliver to P.O. boxes or A.P.O addresses.		$16	
Optional: Expedite This is an <u>additional</u> fee that will place this request ahead of non-expedited requests.		$20	
Total amount submitted or to be charged to credit card: (This amount must be at least $13.)			

Type of payment: ☐ Credit Card ☐ Money order ☐ Check

If paying by credit card (MasterCard/VISA/Discover):

Name on card: Card number:

3-digit security code on back of card: Expiration date:

If paying by check or money order (make payable to Minnesota Department of Health):

Check/money order number:

Due to high administrative costs, we are unable to issue refunds for overpayment.
Checks returned for non-payment will be charged a $30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Fax application and credit card information to 651-201-5740

OR

Mail application and credit card information or check/money order to:

Minnesota Department of Health
Central Cashiering – Vital Records
PO Box 64499
St. Paul, MN 55164-0499

If you submit this application to a local issuance office, Federal Express delivery and expedited service may not be an option. All payment types may not be accepted. Call the local issuance office before sending your application to confirm payment types and services available.

If you have questions, please contact us at health.issuance@state.mn.us.
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