



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.