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

Subject/Deceased

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
					MN

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

Person completing this application (requester)

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 subject of the record:

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 completing this application	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	