



MINNESOTA DEATH RECORD APPLICATION – CERTIFIED DEATH CERTIFICATE

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

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

- ___ \$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

Check one only:

1. I am the:
 - child of the subject
 - spouse of subject
 - grandchild of the subject
 - parent of subject
 - grandparent of the subject
 - 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).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION:			
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.	<i>For Administrative Use Only</i>
Subscribed and sworn before me this _____ day of _____, 20____ (Seal)	ID Viewed _____
_____. My commission expires: _____	Initials _____



**Statement to Identify
Certified Birth or Death Certificate Applicant**

Minnesota Rules, part 4601.2600, subpart 6, require completion of this statement by a witness that has known the applicant for at least two years.

Witness Information (Please Print)			
First Name	Middle Name or Initial	Last Name	
Street Address			
City	State	Zip code	
Ten Digit Phone Number	Date of Birth	Relationship to Applicant	
Applicant Information (Please Print)			
First Name	Middle Name or Initial	Last Name	Date of Birth
Name on the Birth/Death Record Requested (Please Print)			
First Name	Middle Name	Last Name	Date of Birth/Death

I have known the applicant named under Applicant Information for _____ years and solemnly swear or affirm that he/she is the person presenting the application for a certified birth/death certificate for the person named under Name on the Birth/Death Record Requested.

Sign in the presence of a registrar or notary and present government issued photo identification. If the witness cannot accompany the applicant to the registrar's office or if applying by mail or fax, the signature of the witness must be notarized.

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).

Witness Signature:	Date:
Subscribed and sworn to before me this _____ day	
of _____, 20 _____	
_____	(Seal)
My Commission Expires _____	