

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.*

I want:

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

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)	
	First parent's name		Second parent's name		Spouse on record (if any)			
					State MN			

Person completing this application (requester)

Requester	Name					Date of birth [MM/DD/YYYY]	
	Mailing address - UPS® will not deliver to PO boxes or APO addresses.			Apt/Unit #	City	State	ZIP Code™
	Daytime phone (10-digit)			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. ☐ Subject's personal representative; the certified death certificate is required for the administration of the estate
8. ☐ Successor of the subject; the certified death certificate is required for the administration of the estate
9. ☐ Trustee of a trust; the certified death certificate is required for the proper administration of the trust
10. ☐ Determination or protection of a personal or property right (*you must submit documentation showing this relationship*)
11. ☐ Adoption agency — to complete post-adoption search (*Employee ID required*)
12. ☐ Attorney — I represent the subject, or a person listed in items 1-10 above.
My Minnesota Attorney License Number is: _____ If you are a **NON-Minnesota** Attorney - attach copy of license
13. ☐ I have a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
14. ☐ Local/state/tribal/federal governmental agency (*Employee ID required*)
15. ☐ 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.
16. ☐ I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

Signature

*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 signed
--	-------------