

Death Certificate Request

Use this form to request a Minnesota death certificate. If we can't locate the record with the information you provide, we'll send you a certified Statement of No Record Found.

NOTE: County offices generally provide the fastest service. Certified records of deaths from 1997 to the present are available from any Minnesota county. Records for 1908 to 1997 deaths are only available from the county of death or Minnesota Department of Health. Pre-1908 records are only available from the county where the death occurred.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)

Information about the deceased person – used to find the death record *Minnesota Rules 4601.2600*

First name (required)		Middle name (required)		Last name (required)	
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)	

REQUIRED – Requester information *Minnesota Rules 4601.2600*

Requester name (please print)				Date of birth (MM/DD/YYYY)	
Street address (Express delivery won't deliver to PO boxes or APO addresses)				Daytime phone (10-digit)	
Apt/Unit #	City	State	Zip code	Email	

REQUIRED – Mark the boxes that describe your relationship to the deceased person *Minnesota Statutes 144.225*

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 am the subject's attorney or the attorney for a person listed in items 1-10 above. My **Minnesota** Attorney License Number is: **If you are a NON-Minnesota attorney, attach a copy of your attorney license**
13. 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
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 represent the Department of Veterans Affairs (Best practice: wait until family has verified death record).

REQUIRED – Sign this form in front of a notary public if ordering by mail or fax *Minnesota Rules 4601.2600*

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

Signature of requester named above	Date (if applying in person)
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Notary	Signed or attested before me on _____ day of _____, 20____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires	

DEATH CERTIFICATE REQUEST

Requester Name:		
Fees and records request		Fee
Death certificate <i>with</i> cause of death information (first copy)		\$13
Death certificate <i>without</i> cause of death information—records 1997 to present (first copy)		\$13
Additional death certificates	# of extra copies	\$6 each
Veterans Affairs (VA) death certificate (for VA purposes only)**	# of copies	\$0
Processing		Fee
Standard — request processed in the order received		\$0
Faster — request handled ahead of standard requests (<i>doesn't include express delivery</i>)		\$20
Shipping		Fee
Regular first-class mail		\$0
Express delivery (<i>Check here <input type="checkbox"/> to require a signature.</i>)		\$21
<ul style="list-style-type: none"> ▪ The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses. ▪ For delivery outside the United States, you must supply a prepaid express delivery envelope with your application. 		
Total due		<i>Fees are due with the application and are non-refundable.</i>
Payment method		
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code
<input type="checkbox"/> Check Check #		Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> Money order Money order#		
Send your application and payment to:		Incomplete requests
Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 (<i>no vital-records counter service at this location</i>)		The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. (<i>Minnesota Statutes 144.226; Minnesota Rules 4601.2600</i>) Unresolved requests will be closed 12 months after we receive them. Once a request is closed, you must submit a new request and pay the fee again to update the record and/or receive the vital records.
If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.		

** You may order a free VA death certificate if you are:

- The surviving spouse or next of kin of a veteran
- A service officer of any veterans organization chartered by the Congress of the United States
- A county veteran service officer
- A representative of the Department of Veterans Affairs