

Noncertified Death Record Request

Use this form to request a noncertified death record printed on plain paper. Noncertified copies are for informational use only. If we cannot find the death record you request, we will send you a "Statement of No Death Record Found."

NOTE: County offices generally provide the fastest service. 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.

REQUIRED: Information about the deceased person to find the requested death record

Decedent	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)		

You MUST complete this section if you send your application to a vital records office by mail or fax

Requester name (please print)			Daytime phone (10-digits)		Email		
Street address – Express delivery will not deliver to PO boxes or APO addresses.			Apt/Unit #	City		State	Zip code

Fees and records request		Fee	
First noncertified death record		\$13	\$13
Additional death records		# of extra copies	\$6 each
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	

- **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>	
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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#	

NONCERTIFIED DEATH RECORD REQUEST

Send your application and payment to:	Incomplete requests
<p>Minnesota Department of Health Office of Vital Records</p> <p>Mail: PO Box 64499, St. Paul, MN 55164-0499</p> <p>Fax: 866-416-1357 (credit card payments only)</p> <p>Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i></p>	<p>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. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.</p>
<p>If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.</p>	