

Death Certificate Application

	btain any Minnesota deat			law re	quires yo	u to supply t	the info	ormatic	on on this	s form, pa	ay the	
required fee, and provide acceptable identification. Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.												
								t 5.				
Into	rmation about the deceas First name (required)	sea person - usea	1					(o.d.)	Nama au	ffix		
uo			Middle name (required) Last name (requi				(requir	red) Name suffix				
ers	Date of death [MM/DD/YYYY]	Data of hirth [NAN 4/5	ate of birth [MM/DD/YYY] Or Age City of death			ath	County		of death (required)		State	
b B	(required)	Date of birth [MM/DD/YYYY] Or Ag					County of death ((required)	State		
ase										MN		
Deceased Person	First parent's name Se			cond 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 v	<i>vithout</i> cause of c	leath i	nforma	ation (only	/ for records	1997	to toda	y)			
	Certified VA death certifica	te for Veterans A	ffairs-r	elated	purposes							
Req	uester - person completing	g this application	– this	inform	ation is re	equired by la	aw					
	Requester name (please place place)	print)						Date of birth (MM/DD/YYYY)				
er												
est	Mailing address - UPS will not o	deliver to PO boxes or AF	PO addre	sses. A	.pt/Unit #	City			State	ZIP Code		
Requester												
R	Daytime phone (10-digit)			E	mail							
	NDATORY — Mark the box											
	A child of the subject		-		he subject				ng of the s	-		
	□ The spouse on the record 5. □ The grandparent of the subject 6. □ The grandchild of the subject									t		
	□ Subject's personal representative: the certified death certificate is required for the administration of the estate											
	□ Successor of the subject; the certified death certificate is required for the administration of the estate											
	□ Trustee of a trust; the certified death certificate is required for the proper administration of the trust											
	Determination or protection of a personal or property right (You must submit documentation showing this relationship)											
	 Adoption agency — to complete post-adoption search (Employee ID required) Attorney – I represent the subject, or a person listed in items 1-10 above. If you are a NON-Minnesota attorney, 											
12.			on listed	a în îten	ns 1-10 abo	ove.	-				-	
12		My Minnesota Attorney License Number is: attach a copy of your attorney license										
	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 Local/state/tribal/federal governmental agency (Employee ID required)											
	\Box I have a signed statement				-	-	III name	alfirst n	مناطام اعر	tch hac (ta	e of	
	death, the signer's relationsh	-		-				-		stj and dat	.e 01	
	□ I represent the Department											
	n this form in front of a No											
	tify that the information prov						pest of r	my know	ledge. It	is against	the	
	to provide false information											
secti	ion 144.227 and section 609.0	02, subdivisions 3 a	nd 4.									
Sign	ature of requester named ab	ove						Date				
								(if apply	ing in pe	rson)		
									ry stamp/			
i.	Signed or attested before m	ie on day	of			_, 20			,			
Notary Public	Printed name of notary public											
Γ									4			
ota	Notary public signature My commission expires											
z												



Death Certificate Application

		Name of person completing this application	Name of person completing this application					
		How many certified death certificates	Fee	Death certificates				
		One certified death certificate	\$13					
		Extra copies are \$6 each if you buy the at the same time as one purchased at	x \$6					
		How many VA death certificates do y want?	Fee	VA certificates				
		VA death certificates are for Veterans Affairs related purposes only		\$0	\$0			
		Fees are due with the application and Minnesota Statutes, section 144.226.	are non-refunda	ble.	Total due			
	Total due = costs of death							
		How do you want to pay?						
🗆 Check	Check #	County	Make check or money order pay County and send by mail with a NOT SEND CASH.					
□ Money order	Money order #	charge to You coul	eturned for non-paym o you. d also face civil penalt ta Statutes, section 60	ies.				
		Send your application and payment	,					
			Mail your application, check or money order to:					
		Vital Records (Death) 90 Plato Blvd West Saint Paul, MN 55107						
		If you have questions about this form, cor 266-1333 .	you have questions about this form, contact or askVR@ramsey 66-1333.					