

Noncertified Death Record Application

Deceased person's first name (required) Deceased person's middle name (required) Deceased person's last name (required)	h (requ	
Date of death [MM/DD/YYYY] Date of birth [MM/DD/YYYY] or Age (required) First parent's name Second parent's name Spouse on record (if a You MUST complete this section if you send your application to a vital records office by mail or fax	h (requ	uired) State
You MUST complete this section if you send your application to a vital records office by mail or fax		-
You MUST complete this section if you send your application to a vital records office by mail or fax	f any)	
Requester name (please print) Mailing address - UPS® will not deliver to PO boxes or APO addresses. Daytime phone (10-digits) Email City State		
Mailing address - UPS® will not deliver to PO boxes or APO addresses. Apt/Unit # City State	ZII	P Code™
Request information Fo	Fee	Subtotals
A noncertified death record costs \$13 \$	\$13	\$13
# of added copies		
	x \$6	
Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226. Write in total if filling out by hand		
		ınt due
☐ Check Make check or money order payable to Ramsey County and send by		
Check # mail with application. DO NOT SEND CASH.		
Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.		
Money order # Minnesota Statutes, section 604.113, subdivision 2.		
If you have questions about this form, contact askVR@ramseycounty.us or 651-266-1333.		
Mail your application, check, and money order information to:		
Vital Records (Death)		
90 Plato Blvd West		
Saint Paul, MN 55107		

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