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.*

Information about the deceased person – used to find the requested death record

Deceased Person	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)	

What kind of death certificate do you want?

☐ Certified death certificate *with* cause of death information

☐ Certified death certificate *without* cause of death information (only for records 1997 to today)

☐ Certified VA death certificate for Veterans Affairs-related purposes

Requester – person completing this application

Requester	Requester name (please print)		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 Address		

MANDATORY – Check the boxes below that describe your relationship to the deceased person

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 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*) (*Best practice: wait for the family to verify death record*)
15. ☐ I have a signed and notarized 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

Sign this form in front of a Notary Public if you are applying by Mail or Fax.

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 the requester named above   Date

Notary Public	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 Application

Name of person completing this application				

How many certified death certificates do you want?			**Fee**	**Subtotals**
One certified death certificate			**$13**	**$13**
Additional copies are $6 each *if you buy them at the same time.*	# of additional copies		**X $6**	
How many VA death certificates do you want?	**# of VA Certificates**		**Fee**	
VA death certificates are for Veterans Affairs related purposes only			**$0**	**$0**
How do you want your request processed?			**Fee**	**Choose processing**
Standard—request processed in the order received			**$0**	
Rush Processing—request goes ahead of standard requests (Does not include Express Shipping)			**$20**	Enter $0 or $20
How do you want the certificates delivered to you?			**Fee**	**Choose delivery**
Regular First Class Mail®			**$0**	
Express Shipping (Sent USPS Priority Mail Express®)			**$26.35**	Enter $0 or $26.35

Rush delivery requests are processed in the order received unless you choose rush processing above.

☐ Check the box if you wish to require a signature for receipt. If you do not check this box, no signature will be required at the time of delivery.

- **There will be a 2.49% convenience fee for credit card transactions.**
- For international requests, please go to https://postcalc.usps.com to calculate and include international mailing fees.

The amount you pay must cover the certificates and services you requested.	**Total Amount due**
	$

How do you want to pay? **Fees are due with the application and are non-refundable**. *Minnesota Statutes, section 144.226*	
Credit Card (Please Circle One) MasterCard—Visa Discover—American Express	Cardholder Name / Valid thru MM/YY Card Number / 3-digit Security Code
Check Check #_____	**Make check or money order payable to Olmsted County Vital Records and send by mail with application. DO NOT SEND CASH.**
Money Order Money Order #_____	Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties. *Minnesota Statutes, section 604.113, subdivision 2.*

Send your application, check, money order, or credit card information to:

BY MAIL: (Do not send cash) 　　OLMSTED COUNTY VITAL RECORDS 　　151 4th ST SE 　　ROCHESTER, MN 55904-3709 **BY FAX:** (Payment with credit card information only) 　　**507-328-7965**	The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public and not paid in full at the time of application.

If you have any questions about this form, contact vitals@olmstedcounty.gov or (507) 328-7660