



## Noncertified Death Record Request

ID #: _____	Office Use Only
Original Copy \$13	
Additional Copies \$6	
Total _____	Employee Initial _____

Use this form to request a noncertified death record printed on plain paper. Noncertified copies are for informational use only. 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 <b>MN</b>	
	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>					\$27.20		
<ul style="list-style-type: none"><li>▪ 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.</li><li>▪ For delivery outside the United States, you must supply a prepaid express delivery envelope with your application.</li></ul>							
Total due		Fees are due with the application and are non-refundable.					
Payment method							
<input type="checkbox"/> Credit card MasterCard/VISA/Discover (2.15 % convenience fee)		Cardholder name			Valid thru (MM/YY)		
		Card number			3-digit code		
<input type="checkbox"/> Check		Check #			Make check or money order payable to Olmsted County. 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>Olmsted County Vital Records Office</p> <p><b>Mail:</b> 151 4th Street Se Rochester, MN 55904</p> <p><b>Fax:</b> 507-328-7965 (credit card payments only)</p>	<p>Olmsted County 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.</p>
<p>If you have <b>questions</b>, please contact us at <a href="mailto:vitals@olmstedcounty.gov">vitals@olmstedcounty.gov</a> or 507-328-7660.</p>	