



Death Certificate Request

Office Use Only

ID #: _____

Original Copy \$13

Additional Copies \$6

Total _____ Employee Initial _____

Use this form to order a death certificate for a person deceased in Minnesota. If we cannot find the death record you request, we will send you a certified Statement of No Death Record Found.

NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait. Certified 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. (Minnesota Statutes 144.227)

Information to find the requested death record Minnesota Rules 4601.2600

Subject

First name _____ Middle name _____ Last name _____

Date of birth: _____ Sex: Female Male Date of death: _____

Minnesota city of death: _____ Minnesota county of death: _____

Parent One

First name _____ Middle name _____ Last name _____

Last name before 1st marriage: _____

Parent Two

First name _____ Middle name _____ Last name _____

Last name before 1st marriage: _____

Requester information

Minnesota Rules 4601.2600

Full Name _____

Date of birth: _____ Email: _____

Address: _____ Apt/Unit #: _____

City: _____ State: _____ Zip: _____ Daytime phone: _____

Your Relationship

Minnesota Statutes 144.225

Mark the boxes 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. Person providing proof that they need a death certificate for the determination or protection of a personal or property right
 - 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)
 - 15. I have a signed 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 (Best practice: wait until family has verified death record).
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Death Certificate Request

Requester's name: _____

REQUIRED – Sign this form in front of a notary public Minnesota Rules 4601.2600

I certify that the information provided on this application is correct and complete to the best of my knowledge.

Requester's signature _____
 (Signature must match the name of the requester on page one.)

Notary:

Signed or attested before me on: _____
 day of _____, 20_____
 Printed name of notary public: _____
 Notary public signature: _____

Notary Stamp/Seal

Fees and records request

Request	# of extra copies	Fee	Total
First death certificate with cause of death information		\$13	\$13
First death certificate without cause of death information (1997 records to present)		\$13	
<input type="checkbox"/> Additional death certificates		\$6 each	
<input type="checkbox"/> Veteran's Affairs (VA) death certificate (for VA purposes only)		\$0	

Subtotal: _____

Processing	Fee	Total
<input type="checkbox"/> Standard – request processed in the order received	\$0	0
<input type="checkbox"/> Faster – request handled ahead of standard request (doesn't include express delivery)	\$20	

Subtotal: _____

Shipping	Fee	Total
<input type="checkbox"/> Regular first-class mail	\$0	
<input type="checkbox"/> Express delivery Is a signature required? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$28.80	

Total due: (Fees are due with the application and are not refundable) _____

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.

Payment method

- Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)

Cardholder name: _____ Card number: _____

Valid thru (MM/YY): _____ 3-digit code: _____

- Check number: _____ 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.

- Money order number: _____

Incomplete requests

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. (Minnesota Statutes 144.226; Minnesota Rules 4601.2600)

Send your application and payment to:

Olmsted County Vital Records Office
151 4th Street SE
Rochester, MN 55904
Fax: (507) 328-7965 (credit card payments only)

Note: You may order a free VA death certificate if you are:

- The surviving spouse or next of kin of a veteran
- A service officer of any veterans organization chartered by the Congress of the United States
- A county veteran service officer
- A representative of the Department of Veterans Affairs