

Subtotal:

## Noncertified Death Record Request

|                       | Office Use Only |  |  |  |
|-----------------------|-----------------|--|--|--|
| ID #:                 |                 |  |  |  |
| Original Copy \$13    |                 |  |  |  |
| Additional Copies \$6 |                 |  |  |  |
| TotalE                | mployee Initial |  |  |  |

Use this form to request a noncertified death record printed on plain paper. Noncertified copies are for informational use only.

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.

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

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 about the de        | eceased | perso  | n to 1 | find the  | requested    | death    | record    |
| Decedent                        |         |        |        |           |              |          |           |
| First name                      | Middle  | name _ |        |           | _Last name _ |          |           |
| Date of birth:                  | Sex:    | □ Fer  | male   | ☐ Male    | Date of de   | eath:    |           |
| Minnesota city of death:        |         |        | Minnes | ota count | y of death:  |          |           |
| Parent one                      |         |        |        |           |              |          |           |
| First name                      | Middle  | name _ |        |           | _Last name _ |          |           |
| Parent two                      |         |        |        |           |              |          |           |
| First name                      | Middle  | name _ |        |           | _Last name   |          |           |
| Requester information           |         |        |        |           | Minneso      | ta Rules | 4601.2600 |
| Full Name                       |         |        |        |           |              |          |           |
| Date of birth:I                 | Email:  |        |        |           |              |          |           |
| Address:                        |         |        |        |           | Apt/U        | nit #:   |           |
| City: S                         | tate:   | Zip: _ |        | _ Daytime | phone:       |          |           |
| Fees and records reques         | t       |        |        |           |              |          |           |
| Request                         |         |        |        | of extra  | Fee          |          | Total     |
| First noncertified death record |         |        |        | 1         | \$13         |          | \$13      |
| ☐ Additional death records      |         |        |        |           | \$6 each     |          |           |

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| Processing   | Fee     | Total |  |  |  |  |
|--|---------|-------|--|--|--|--|
| ☐ Standard – request processed in the order received   | \$0     | 0     |  |  |  |  |
| ☐ Faster – request handled ahead of standard request (doesn't include express delivery)  | \$20    |       |  |  |  |  |
| Subtotal:  |         |       |  |  |  |  |
| Shipping   | Fee     | Total |  |  |  |  |
| □ Regular first-class mail   | \$0     |       |  |  |  |  |
| □ Express delivery Is a signature required? □ Yes □ No   | \$28.95 |       |  |  |  |  |
| require a signature. Express delivery services will not deliver to PO boxes For delivery outside the United States, you must supply a prepaid express application.                                     |         |       |  |  |  |  |
| Payment method   |         |       |  |  |  |  |
| ☐ Credit Card (MasterCard/Visa/Discover, 2.15% convenience fee)  |         |       |  |  |  |  |
| Cardholder name: Card number:  |         |       |  |  |  |  |
| Valid through (MM/YY): 3-digit code:   |         |       |  |  |  |  |
| Check number: Make check or money order <b>payable to Olmsted County</b> . 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 4<sup>th</sup> Street SE Rochester, MN 55904

Fax: (507) 328-7965 (credit card payments only)

Phone: (507) 328-7660