



Noncertified Death Record Request

Office Use Only

ID #: _____

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.

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 deceased person to find the requested death record

Decedent

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 _____

Parent two

First name _____ Middle name _____ Last name _____

Requester information

Minnesota Rules 4601.2600

Full Name _____

Date of birth: _____ Email: _____

Address: _____ Apt/Unit #: _____

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

Fees and records request

Request	# of extra copies	Fee	Total
First noncertified death record	1	\$13	\$13
<input type="checkbox"/> Additional death records		\$6 each	

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	\$31.11	

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 through (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)