



# MINNESOTA CERTIFICATE OF DEATH APPLICATION

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

**Make sure all boxes are complete or your application may be returned.**

PART I: Death Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH	DATE OF BIRTH OR AGE	CITY & COUNTY OF DEATH
MOTHER'S NAME	FATHER'S NAME	SPOUSE ON THE RECORD (IF ANY)

**Please check one of the following:**

- I would like a death certificate with cause of death information
- I would like a death certificate **without** cause of death information (only available for records 1997 to present)

PART II: Requester Information		
NAME (PLEASE PRINT)		DATE OF BIRTH
MAILING ADDRESS (Federal Express will not deliver to P.O. boxes or A.P.O addresses)		
CITY	STATE	ZIP
DAYTIME PHONE		EMAIL

**PART III: What is your relationship to the subject of the record (tangible interest)? You must check one.**

- I am the child of the subject
- I am the parent of the subject
- I am the sibling of the subject
- I am the spouse on the record
- I am the grandparent of the subject
- I am the grandchild of the subject
- I am the party responsible for filing the death record
- I am a personal representative and the certified copy is required for the administration of the estate **(you must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)**
- I am a successor of the subject as defined in Minnesota Statutes, section 524.1-201 and the certified copy is required for the administration of the estate **(you must include a sworn affidavit of the fact that the certified copy is required for administration of the estate)**
- I am a trustee of a trust and the certified copy is required for the proper administration of the trust **(you must submit a sworn affidavit of the fact that the certified copy is needed for the proper administration of the trust)**
- I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation showing this relationship)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search (please submit a copy of your employee ID)
- I am an attorney and I have attached proof of my licensure
- I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (please submit a copy of your employee ID)
- I am a representative authorized by a person listed above **(you must submit a notarized statement from a person listed above)**

PURPOSE FOR YOUR REQUEST (optional)
-------------------------------------

**PART IV: Notarized Signature (Requester must sign application in front of a notary if applying by mail or fax)**

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

REQUESTER'S SIGNATURE	
Signed or attested before me on: _____ day of _____, 20_____	NOTARY STAMP/SEAL
NOTARY PUBLIC SIGNATURE	
MY COMMISSION EXPIRES:	

**PENALTIES:** Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

If you have questions, please contact us at 507-237-4080.



# MINNESOTA CERTIFICATE OF DEATH APPLICATION

REQUESTER'S NAME:

### PART V: Fee and Payment Information

Item	Number requested	Fee per item	Total
One death certificate	1	\$13	\$13
Additional death certificate(s) for the same person <b>(optional)</b>		\$6 each	
Federal Express delivery <b>(optional)</b> This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want Federal Express to require a signature for receipt. <b>If you do not check this box, no signature will be required.</b> Federal Express will not deliver to P.O. boxes or A.P.O addresses.		\$18.95	
<b>Total amount submitted or to be charged to credit card:</b> <b>(This amount must be at least \$13.)</b>			

Type of payment:       Credit Card       Money order       Check

**If paying by credit card (MasterCard/Visa/Discover):**

Name on card: \_\_\_\_\_ Card number: \_\_\_\_\_

3-digit security code on back of card: \_\_\_\_\_ Expiration date: \_\_\_\_\_

**If paying by check or money order (make payable to \_\_\_\_\_ # \_\_\_\_\_ k \_\_\_\_\_):**

Check/money order number: \_\_\_\_\_

Due to high administrative costs, we are unable to issue refunds for overpayment.  
Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

**Fax** application and credit card information to 507-237-4306

**OR**

**Mail** application and credit card information or check/money order to:

Sibley County Recorder  
PO Box 44  
Gaylord, MN 55334

If you have questions, please contact us at 507-237-4080.