

Death Certificate Request

Use this form to request a Minnesota death certificate. If we can't locate the record with the information you provide, we'll send you a Statement of No Record Found. NOTE: County offices generally provide the fastest vital records service. Certified records of deaths from 1997 to the present are available from any Minnesota county. Records prior to 1997 are only available from the county of death or the Office of Vital Records (Minnesota Department of Health).

Information about the deceased person – used to find the 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 MN
	First parent's name		Second parent's name		Spouse on record (if any)		
What kind of death certificate do you want?							
<input type="checkbox"/> Certified death certificate <i>with</i> cause of death information <input type="checkbox"/> Certified death certificate <i>without</i> cause of death information (only for records 1997 to today) <input type="checkbox"/> Certified VA death certificate for Veterans Affairs-related purposes							
REQUIRED – Requester information							
Requester name (please print)					Date of birth (MM/DD/YYYY)		
Street address (Express delivery won't deliver to PO boxes or APO addresses)					Daytime phone (10-digit)		
Apt/Unit #	City	State	Zip code	Email			
REQUIRED – Mark the boxes that describe your relationship to the deceased person:							
1. <input type="checkbox"/> A child of the subject 2. <input type="checkbox"/> The parent of the subject 3. <input type="checkbox"/> The sibling of the subject 4. <input type="checkbox"/> The spouse on the record 5. <input type="checkbox"/> The grandparent of the subject 6. <input type="checkbox"/> The grandchild of the subject 7. <input type="checkbox"/> Subject's personal representative: the certified death certificate is required for the administration of the estate 8. <input type="checkbox"/> Successor of the subject; the certified death certificate is required for the administration of the estate 9. <input type="checkbox"/> Trustee of a trust; the certified death certificate is required for the proper administration of the trust 10. <input type="checkbox"/> Determination or protection of a personal or property right (<i>You must submit documentation showing this relationship</i>) 11. <input type="checkbox"/> Adoption agency — to complete post-adoption search (<i>Employee ID required</i>) 12. <input type="checkbox"/> Attorney — I am the subject's attorney or the attorney for 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. <input type="checkbox"/> 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. <input type="checkbox"/> Local/state/tribal/federal governmental agency (<i>Employee ID required</i>) 15. <input type="checkbox"/> 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. <input type="checkbox"/> I represent the Department of Veterans Affairs (Best practice: wait until family has verified death record).							
REQUIRED – Sign this form in front of a notary public if ordering by mail or fax							
I certify that the information provided on this application is accurate and complete to the best of my knowledge.							
Signature of requester named above					Date (if applying in person)		
Notary	Signed or attested before me on _____ day of _____, 20____					Notary stamp/seal	
	Printed name of notary public						
	Notary public signature				My commission expires		

DEATH CERTIFICATE REQUEST

Requester Name:			
Fees and records request			Fee
First death certificate			\$13
Additional death certificates		# of extra copies	\$6 each
Veterans Affairs (VA) death certificate (for VA purposes only)**		# of copies	\$0
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>			\$21
<ul style="list-style-type: none"> ▪ 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. 			
Total due			<i>Fees are due with the application and are non-refundable.</i>
Payment method			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru (MM/YY)
	Card number		3-digit code
<input type="checkbox"/> Check Check #		Make check or money order payable to Minnesota Department of Health. 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#			
Send your application and payment to:		Incomplete requests	
Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55101 <i>(no vital-records counter service at this location)</i>		The Office of 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. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.	
If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.			

It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.

** 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 representative of the Department of Veterans Affairs