



# Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to supply the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

**Information about the deceased person - used to locate the requested death record**

|                        |                                       |                                   |                        |                      |                           |                            |
|------------------------|---------------------------------------|-----------------------------------|------------------------|----------------------|---------------------------|----------------------------|
| <b>Deceased Person</b> | 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) |
|                        | First parent's name                   |                                   | Second parent's name   |                      | Spouse on record (if any) |                            |
| <b>MN</b>              |                                       |                                   |                        |                      |                           |                            |

**What kind of death certificate do you want?**

- Certified death certificate *with* cause of death information
- Certified death certificate *without* cause of death information (only for records 1997 to today)
- Certified VA death certificate for Veterans Affairs-related purposes

**Requester - person completing this application**

|                  |  |  |  |            |                            |       |          |
|------------------|--|--|--|------------|----------------------------|-------|----------|
| <b>Requester</b> | Requester name (please print)  |  |  |            | Date of birth (MM/DD/YYYY) |       |          |
|                  | Mailing address – UPS will not deliver to PO boxes or APO addresses. |  |  | Apt/Unit # | City                       | State | ZIP Code |
|                  | Daytime phone (10-digit)   |  |  | Email      |                            |       |          |

**MANDATORY — 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.  Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
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).

**Sign this form in front of a Notary Public if you are applying by MAIL.**

*By signing my name in the space below, I hereby attest that the information I am providing on this application is correct to the best of my knowledge and belief and that I meet the legal requirements indicated in the Mandatory section. It is against the law to provide false information to get a death certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Signature of requester named above \_\_\_\_\_ Date \_\_\_\_\_

|                      |   |                       |                   |
|----------------------|---|-----------------------|-------------------|
| <b>Notary Public</b> | Signed or attested before me on _____ day of _____, 20_____ |                       | Notary stamp/seal |
|                      | Printed name of notary public                               |                       |                   |
|                      | Notary public signature                                     | My commission expires |                   |

Name of person completing this application \_\_\_\_\_

| How many certified death certificates do you want?  |                        | Fee        | Death certificates     |
|---|------------------------|------------|------------------------|
| First certified death certificate   |                        | \$13       |                        |
| Extra copies are \$6 each <i>if you buy them at the same time as one purchased at \$13.</i> | # of extra copies      | x \$6      |                        |
| <b>VA death certificates:</b>   | <b>VA certificates</b> | <b>Fee</b> | <b>VA certificates</b> |
| VA death certificates are for Veterans Affairs related purposes only and one per request    |                        | \$0        | \$0                    |

| Processing  |  |      |  |
|---|--|------|--|
| Standard — request processed in the order received  |  | \$0  |  |
| Expedite — request handled ahead of standard requests ( <i>doesn't include delivery</i> ) |  | \$20 |  |

- Anoka County Vital Records is not responsible for deliveries that do not require a signature.
- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

**Total due** \_\_\_\_\_ *Fees are due with the application and are non-refundable.*

| Payment method                       |                    |  |
|--------------------------------------|--------------------|--|
| <input type="checkbox"/> Check       | Check # _____      | Make check or money order payable to Anoka County. 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:   | Office Use Only:   |
|---|--|
| <b>Anoka County</b><br><b>Vital Records</b><br>2100 3rd Ave<br>Anoka MN 55303 | ID Viewed _____<br>ID # _____<br>DCN # _____<br>Deputy _____ |

If you have **questions**, contact Anoka County Vital Records at RS-VitalStats@anokacountymn.gov or call 763-324-1360.