



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 health.issuance@state.mn.us.



Certificate of Death Fee Worksheet

FEE INFORMATION			
Print name of person applying as it appears on the application:		FIRST	MIDDLE
		LAST	
Number Requested	Item	Fee for each	Total
	Per certificate for each death record	\$13	\$
	Additional fee for same certificate in the same order	\$6	\$
	Optional – Postal Express Mail Service is \$18.95 for most deliveries. Higher rates apply to: <ul style="list-style-type: none"> • Saturday delivery • International service • Alaska and Hawaii deliveries 	\$18.95	
Total amount included:			\$
Money Order ONLY: Make payable to the Steele County Recorder			

Mail the completed, signed and notarized application form, death certificate fee worksheet, copy of your valid driver's license or state issued ID, and money order to:

Steele County Recorder
Vital Statistics
630 Florence Ave, PO Box 890
Owatonna MN 55060

If you have questions, please e-mail jmeixner@co.steele.mn.us or call 507-444-7490.