



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

| | | | | | | | | |
|-----------------|---------------------------------------|--|----------------------------|--|----------------------|---------------------------|----------------------------|--|
| Deceased Person | 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) | | |
| | State MN | | | | | | | |

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 – this information is required by law

| | | | | | | | | | |
|-----------|--|--|--|--|------------|----------------------------|--|-------|----------|
| Requester | 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. **If you are a NON-Minnesota attorney, attach a copy of your attorney license**
My Minnesota Attorney License Number is:
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 or FAX.

I certify that the information provided on this application is accurate and complete to the best of my knowledge. 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 |
| | | (if applying in person) |

| | | | |
|---------------|---|--|-----------------------|
| Notary Public | 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 Application

| | | | |
|--|-----------------|--|---------------------------|
| Name of person completing this application | | | |
| How many certified death certificates do you want? | | Fee | Death certificates |
| One 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 |
| How many VA death certificates do you want? | | Fee | VA certificates |
| VA death certificates are for Veterans Affairs related purposes only | | \$0 | \$0 |
| Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226. | | | Total due |
| Total due = costs of death certificate(s) | | | |
| How do you want to pay? | | | |
| <input type="checkbox"/> Credit card MasterCard/VISA/Discover | Cardholder name | | Valid thru MM/YY |
| | Card number | | 3-digit security code |
| <input type="checkbox"/> Check | Check # | Make check or money order payable to Carver County and send by mail with application. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i> | |
| <input type="checkbox"/> Money order | Money order # | | |
| Send your application and payment | | | |
| Mail your application, check, money order, or credit card information to: Carver County Land Records & Vitals 600 East Fourth Street Chaska, MN 55318 FAX or EMAIL application with credit card information: 952-361-1931 or Recorder@co.carver.mn.us | | | |
| If you have questions about this form, contact recorder@co.carver.mn.us or 952-361-1930 | | | |