



Death Certificate Application

The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Date of Birth or Age	City and County of Death
Mother's Name	Father's Name	Spouse on Record (if any)

Please select the type and number of certificates:

- ___ \$13.00 First certified record **without** cause of death information (only available for records 1997 to present)
- ___ \$13.00 First certified record **with** cause of death information
- ___ \$6.00 Each additional copy of the same record issued at the same time

Requester Information				
Name			Date of Birth	
Mailing Address - Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

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 spouse on the record
- 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
- 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
- I am a trustee of a trust and the certified copy is required 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 **(you must include a copy of your employee ID)**
- I am an attorney and my attorney license number is _____.
- 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 **(you must include a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must include a notarized statement from a person listed above)**

Signature and Notary (application must be signed in front of a notary if applying by mail)

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

Requester 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).



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Requester Name:

Fee and Payment Information

Item	Number requested	Fee	Total
One death certificate	1	\$13	\$13
Additional certificate(s) for the same death record (optional)		\$6 each	
Total amount submitted: (This amount must be at least \$13.)			

Checks should be made payable to AITKIN COUNTY RECORDER

Send application and payment:

By MAIL to:
Aitkin County Recorder
307 2nd Street NW
Room 122
Aitkin MN 56431

If you have questions, please contact us at 218-927-7336 or recorder@co.aitkin.mn.us