



Death Certificate Application

To obtain any Minnesota death certificate, you must fill out the information on this form. You must also 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 find 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)			

Please select the type and number of certificates:

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

Requester - person completing this application – by law you must supply this information

Requester	Name (please print)					Date of birth (MM/DD/YYYY)			
	Mailing address				Apt/Unit #	City		State	ZIP Code™
	Daytime phone				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*) (Best practice: wait for family to verify death record).
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.

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

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_____	
	Printed name of notary public	
	Notary public signature	My commission expires

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Name of person completing this application			
How many certified death certificates do you want?		Fee	
One certified death certificate		\$13	\$13
Additional copies are \$6 each <i>if you buy them at the same time as you buy one at \$13.</i>		# of add'l copies:	x \$6
Fees are due with the application and are non-refundable. Minnesota Statutes, section 144.226.			
Total due			\$
How do you want to pay?			
<input type="checkbox"/> Check	Check #	Make check or money order payable to AITKIN COUNTY RECORDER 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 to: (do not send cash)			
By MAIL	Aitkin County Recorder 307 2nd St NW, Room 122 Aitkin, MN 56431		The Office of Vital Records returns applications that are: - Incomplete - Not signed in front of a notary public - Not paid in full at the time of application
If you have questions, please contact us at 218.927.7336 or recorder@co.aitkin.mn.us			