



MINNESOTA DEATH RECORD APPLICATION – CERTIFIED DEATH CERTIFICATE

This application must be notarized or signed in the presence of a registrar.

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|--------------------------|---|-----------------------------------|
| DEATH INFORMATION | FULL NAME OF DECEDENT (Required) | DATE OF DEATH (Required) |
| | | |
| | PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP) | COUNTY OF DEATH (Required) |
| | | |
| | DECEDENT'S AGE/BIRTH DATE | DECEDENT'S SPOUSE |
| | | |

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

**MAKE CHECKS PAYABLE TO: LAC QUI PARLE COUNTY RECORDER
SEND TO: Lac qui Parle County Recorder, PO Box 132, Madison, MN 56256**

1. I am the:
 - child of the subject
 - spouse of subject
 - grandchild of the subject
 - parent of subject
 - grandparent of the subject
 - sibling of the subject
2. I am the party responsible for filing the death record.
3. I am the legal custodian, guardian or conservator of the subject. **(Must present legal documentation)**
4. I am a personal representative and the certified copy is required for the administration of the estate.
5. I am a successor of the subject, as defined in MN Statutes section 524.1-201, if the subject is deceased and the certified copy is required for the administration of the estate.
6. I am a trustee of a trust and the certified copy is for the proper administration of the trust.
7. I can demonstrate that the information from the record is necessary for the determination or protection of personal or property rights pursuant to rules adopted by the commissioner of health. **(Requests must be approved by the State Registrar)**
8. I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
9. I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties.
10. I am an attorney and my attorney license number is _____.
11. I am presenting your office with a court order issued by a court of competent jurisdiction.
12. I am a representative authorized by a person under items #1-11. **(Must have a notarized statement in addition to the application)**

PENALTIES:

Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227).

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|---|--------------|---------------|----------------------|
| THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION: | | | |
| Your Name: (please print) | | | |
| I certify that the information provided on this application is accurate and complete to the best of my knowledge. | | | Date of Birth: _____ |
| Your Signature | | | Date / / |
| Your Address: | | | Daytime Phone _____ |
| | (City) _____ | (State) _____ | (Zip) _____ |

| | |
|---|------------------------------------|
| Signature must be notarized if applying by mail or fax. | <i>For Administrative Use Only</i> |
| Subscribed and sworn before me this _____ day of _____, 20____ (Seal) | ID Viewed _____ |
| _____. My commission expires: _____ | Initials _____ |