Death Certificate Request

Use this form to request a Minnesota death certificate. *It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both* (*Minnesota Statutes, 144.227).*

I want:

- ☐ Certified death certificate *with* cause of death information
- ☐ Certified death certificate *without* cause of death information (only for records 1997 to present)
- ☐ VA Death Certificate for Veterans Affairs-related purposes

Information about the deceased person — used to find the death record *Minnesota Rules 4601.2600*

First name (required)	Middle name (required)	Last name (required)

Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYYY]	Or Age	City of death	County of death (required)	State
					MN

First parent's name	Second parent's name	Spouse on record (if any)

REQUIRED — Requester information *Minnesota Rules 4601.2600*

Requester name (please print)	Date of birth [MM/DD/YYYY]

Street address	Apt/Unit #	City	State	Zip code

Daytime phone (10-digit)	Email

REQUIRED — Mark the boxes that describe your relationship to the deceased person *Minnesota Statutes 144.225*

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. ☐ Person who demonstrates a need for a death certificate to determine or protect a personal or property right.
11. ☐ Adoption agency — to complete post-adoption search (e *mployee ID required*)
12. ☐ Attorney — I represent the subject, or a person listed in items 1-10 above.
    My Minnesota attorney license number is: _____
    If you are a **NON-Minnesota** Attorney, attach copy of your license.
13. ☐ I have a valid 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 (e *mployee 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.)

REQUIRED — Signature *Minnesota Rules 4601.2600*

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

Requester signature	Date signed

Requester's name:			
Requester's signature and notarization *Minnesota Rules 4601.2600*			
I certify that the information provided on this form is correct and complete to the best of my knowledge.			
Requester signature			
Notary	Signed or attested before me on: _____day of _____ , 20____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires:	

Fees and record request		**Fee**	
Certified Death Certificate (first copy)		**$13**	
Additional copies	# of copies	**$6 each**	
Veteran's Affairs (VA) certificate (for VA purposes only)	# of copies	**$0**	
Processing		**Fee**	
Standard – your request processed in the order received		**$0**	
Faster – your request goes ahead of standard requests		**$20**	
Shipping		**Fee**	
First-class mail		**$0**	
Express delivery *(Check here ☐ to require a signature.)*		**$21**	

- **Dakota County and the express delivery service are not responsible for deliveries that do not require a signature.** Express delivery services will not deliver to PO boxes or APO addresses.
- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

Total due *Fees are due with the application and are nonrefundable.*

Payment method		
☒ **Credit card** MasterCard/Visa/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code

☐ **Check** Check #	**Make check or money order payable to Dakota County. DO NOT SEND CASH.** Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties *(Minnesota Statutes 604.113)*.
☐ **Money order** Money order #	

Send your request and payment to:	**Questions?**
Dakota County Vital Records 1590 Highway 55 Hastings, MN 55033	Contact Dakota County Vital Records at dakotacountyvitals@co.dakota.mn.us or 651-438-4312