



Mower County Auditor-Treasurer
 201 1st Street NE
 Austin, MN 55912

DEATH RECORD APPLICATION - CERTIFIED DEATH CERTIFICATE

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

DEATH RECORD	FULL NAME OF DECEDENT (Required)	DATE OF DEATH (Required)
	PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP)	COUNTY OF DEATH
	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 check or money order payable to Mower County Auditor-Treasurer

Check one only:

1. I am the:
 - child of the subject
 - spouse of the subject
 - grandchild of the subject
 - parent of the 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. **(Please provide a copy of your employee ID.)**
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 # 1-10. **(Must have a notarized statement in addition to the application.) Must be mailed in.**

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).

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)

Please attach a copy of your valid Driver's license or State issued identification card.

Signature MUST be notarized if applying by mail. Signed or attested before me on (date): _____ Signature of Notary Public: _____ My commission expires (date): _____	SEAL	For Administrative Use only
		I.D. viewed:
		DL/ID #:
		Initials:

If fields are incomplete, the application may not be processed

***If you have questions, please e-mail osr1@health.state.mn.us or call 651-201-5970