

Death Certificate Information – Macken Funeral Home – 1105 12th Street SE – Rochester, MN 55904  
Phone: (507) 282-1075 – Fax (507) 280-7740 – Email: macken@mackenfuneralhome.com

Decedent's first/middle/last name: \_\_\_\_\_  male /  female

Maiden name: \_\_\_\_\_

Street Address of deceased: \_\_\_\_\_

City / State / ZIP/County: \_\_\_\_\_ City Limits?:  Yes /  No

Social Security Number: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of death: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (city, state, foreign country): \_\_\_\_\_

Father's name (first, middle, last): \_\_\_\_\_

Mother's name (first, middle, maiden): \_\_\_\_\_

Race: \_\_\_\_\_ Hispanic Origin:  Yes /  No

Highest level of completed education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Kind of Business: \_\_\_\_\_

Is the deceased a U.S. Veteran?  Yes /  No

Marital Status:  Married /  Divorced /  Widowed /  Never Married

Spouse's name: \_\_\_\_\_ Maiden: \_\_\_\_\_

Informants Name: (Person filling our form) \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_

Type of Disposition  burial /  cremation /  other: \_\_\_\_\_

Name of Cemetery: \_\_\_\_\_ City, State: \_\_\_\_\_

Death Certificates will be sent to the address provided below. The cost of the certified copies from Minnesota are \$13.00 for the first copy and \$6.00 for each additional copies ordered at the same time. \*Families that choose our Simply Cremation Plan® may leave this section blank as you will have to obtain death certificate yourself (Minnesota residents). If you reside outside of Minnesota, we will assist in obtaining death certificates for you.

Order: \_\_\_\_\_ Certified Copies of the Death Certificate

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**For International Flights Only: Consignee Info**  
Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

The information on this form is correct to the best of my knowledge. I understand that if Macken Funeral Home needs to amend this document due to error on my part, I agree to pay the charges to the Minnesota Department of Health for such amendment (currently \$40.00). I also agree to pay for any new death certificates that may need to be re-printed. (Please check the box above if sending this electronically).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_