

DCN/Cert. # _____
ID Type _____
ID # _____

COUNTY OF HENNEPIN
STATE OF MINNESOTA
DEATH CERTIFICATE APPLICATION

of Copies: _____ Amount: _____
Initials & Emp # _____
Issue Date: _____

NAME OF DECEASED: _____
First Middle Last

DATE OF DEATH: _____ PLACE OF DEATH: _____
MM/DD/YYYY County

Is this copy desired for VA Benefits? Yes No (If yes, furnish Claim Form.)

Quantity and cost – **Make checks payable to: HENNEPIN COUNTY TREASURER**

- _____ \$13 first certified record **without** cause of death - only for records 1997 to present (**tangible interest required**).
- _____ \$13 first certified record **with** cause of death (**tangible interest required**).
- _____ \$6 each additional copy of the same record issued at the same time as the first copy.
- _____ \$13 uncertified record (**tangible interest and notarization of applicant's signature NOT required**).

Select only one:

- I am the child of subject
- I am the spouse of subject
- I am the parent listed on the record
- I am the grandparent of the subject
- I am the grandchild of subject
- I am the sibling of the subject
- I am the party responsible for filing the death record.
- I am the personal representative and the certified copy is required for the administration of the estate.
- I am a successor of the subject, as defined in [MN Statutes section 524.1-201](#), and the certified copy is required for the administration of the estate.
- I am a trustee of a trust and the certified copy is for the proper administration of the trust.
- I have documentation that 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 referred to the State Registrar**)
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search.
- I represent a local, state or federal government agency and it is necessary to secure a certified copy for authorized agency duties. (**Submit a copy of your employee ID**)
- I am an attorney and I have attached proof of my licensure.
- I am presenting your office with a court order issued by a court of competent jurisdiction. (**Must be a certified copy**)
- I am a representative authorized by a person listed above. (**Must have a notarized statement from a person listed above**)

PENALTIES: Any person who willfully and knowingly makes false application for a death certificate is guilty of a misdemeanor or gross misdemeanor. ([MN Statutes section 144.227, subdivision 1](#))

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

YOUR NAME: _____ DATE OF BIRTH: _____
MM/DD/YYYY

ADDRESS: _____ City _____ State _____ Zip _____
The information requested on this application is required by MN Statutes, [Section 144.225, Subdivision 7](#) and [MN Rules, Part 4601.2600](#). I certify that the information provided on this application is accurate and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____ PHONE: _____

Signature must be notarized (except for uncertified) if applying by mail or fax

Subscribed and sworn before me this _____ day of _____, 20____

Notary

My Commission expires: _____

SUBMIT REQUESTS BY MAIL OR FAX TO:
VITAL RECORDS
Hennepin County Government Center
300 South 6th St, Suite A025
Minneapolis MN 55487-0026
Fax # 612-348-2010

(seal)

