

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:					
<input type="checkbox"/> Certified death certificate <i>with</i> cause of death information					
<input type="checkbox"/> Certified death certificate <i>without</i> cause of death information (only for records 1997 to present)					
<input type="checkbox"/> VA Death Certificate for Veterans Affairs-related purposes					
Information about the deceased person — used to find the death record					<i>Minnesota Rules 4601.2600</i>
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					<i>Minnesota Rules 4601.2600</i>
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					<i>Minnesota Statutes 144.225</i>
1. <input type="checkbox"/> A child of the subject		2. <input type="checkbox"/> The parent of the subject		3. <input type="checkbox"/> The sibling of the subject	
4. <input type="checkbox"/> The spouse on the record		5. <input type="checkbox"/> The grandparent of the subject		6. <input type="checkbox"/> The grandchild of the subject	
7. <input type="checkbox"/> Subject's personal representative; the certified death certificate is required for the administration of the estate					
8. <input type="checkbox"/> Successor of the subject; the certified death certificate is required for the administration of the estate					
9. <input type="checkbox"/> Trustee of a trust; the certified death certificate is required for the proper administration of the trust					
10. <input type="checkbox"/> Person who demonstrates a need for a death certificate to determine or protect a personal or property right.					
11. <input type="checkbox"/> Adoption agency — to complete post-adoption search (<i>employee ID required</i>)					
12. <input type="checkbox"/> 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. <input type="checkbox"/> I have a valid copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me					
14. <input type="checkbox"/> Local/state/tribal/federal governmental agency (<i>employee ID required</i>)					
15. <input type="checkbox"/> 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. <input type="checkbox"/> I represent the Department of Veterans Affairs (Best practice: wait until family has verified death record.)					

Requester's name:		
Requester's signature and notarization		<i>Minnesota Rules 4601.2600</i>
<i>I certify that the information provided on this form is correct and complete to the best of my knowledge.</i>		
Requester signature		
Notary	Signed or attested before me on: _____ day of _____, 20_____	Notary stamp/seal
	Printed name of notary public	
	Notary public signature	
Fees and record request		Fee
Certified Death Certificate		\$13.00
Additional copies	# of copies	\$6.00
Processing		Fee
Standard – your request processed in the order received		\$0
Shipping		Fee
First-class mail		\$0
Total due	<i>Fees are due with the application and are nonrefundable.</i>	
Payment method		
<input type="checkbox"/> Check	Check #	Make check or money order payable to Freeborn County Recorder's Office. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties (<i>Minnesota Statutes 604.113</i>).
<input type="checkbox"/> Money order	Money order #	
Send your request and payment to:		Questions?
Freeborn County Recorder's Office 411 S. Broadway Ave. PO Box 1147 Albert Lea, MN 56007		Contact Freeborn County Recorder's Office at 507.377.5130.