



Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to provide the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

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 locate the requested death record

Subject/Deceased	First name (required)		Middle name (required)		Last name (required)		Name suffix
	Date of death [MM/DD/YYYY] (required)		Date of birth [MM/DD/YYYY]	or Age	City of death		County of death (required)
	First parent's name		Second parent's name		Spouse on record (if any)		

Person completing this application (requester)

Requester	Name				Date of birth [MM/DD/YYYY]		
	Mailing address - UPS will not deliver to PO boxes or APO addresses.		Apt/Unit #	City		State	ZIP
	Daytime phone		Email				

MANDATORY — Check the boxes below that describe your relationship to the deceased subject of the record:

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. Party responsible (licensed mortician or funeral director) for filing the death record
8. Subject's personal representative; the certified death certificate is required for the administration of the estate
9. Successor of the subject; the certified death certificate is required for the administration of the estate
10. Trustee of a trust; the certified death certificate is required for the proper administration of the trust
11. Determination or protection of a personal or property right (*you must submit documentation showing this relationship*)
12. Adoption agency — to complete post-adoption search (*Employee ID required*)
13. Attorney — my Minnesota Attorney License Number is: _____ NON-Minnesota Attorney - affix copy of license
14. I have a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
15. Local/state/federal governmental agency (*Employee ID required*)
16. 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.
17. I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

Record ID # _____

Death Certificate Application Request and Payment Information

Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)

*I certify that the information provided on this application is accurate and complete to the best of my knowledge. **It is against the law to provide false information to get a death certificate.** You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Requester's signature	Date	Notary Stamp/Seal
Signed or attested before me on: _____ day of _____, 20_____		
Notary public signature	My commission expires	

Request Information	How many?	Fee	Total
One death certificate	1	\$13	
How many <i>additional death certificates</i> do you want to purchase for this death record now?		\$6 each	
VA death certificate (for Veterans Affairs-related purposes only)		\$0	\$0
Add: Expedited Service – process upon receipt of your request. (MN Statute 4601.0400). Cost is per record. Use this service for one day processing.		\$20	
Total amount due:			
Amount must be at least \$13			

Type of payment	<input type="checkbox"/> Credit card MasterCard VISA MAIL/FAX submissions, please enter card information below.	<input type="checkbox"/> Check Check # _____ Payable to ANOKA COUNTY and sent by mail with application. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>
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Cardholder name	Card number (last 4 only when in person)
Security code (3 digits)	Expiration date

Send application and payment to:

County Office

**ANOKA COUNTY
VITAL STATISTICS**
 2100 3rd Ave Ste 119
 Anoka MN 55303

DCN # _____

ID Viewed _____

ID # _____

Deputy _____

Receipt # _____

If you have questions, please contact us:

TEL: 763-324-1360
 FAX: 763.324-1010
 EMAIL: VitalStats@co.anoka.mn.us