



MINNESOTA DEATH RECORD APPLICATION - NON-CERTIFIED COPY

Part A: To receive a non-certified copy of the death record, provide the following information as it occurs on the death record:

DEATH INFORMATION	FULL NAME OF DECEDENT (Required)	DATE OF DEATH (Required)
	PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP)	COUNTY OF DEATH (Required)
	DECEDENT'S AGE/BIRTH DATE	DECEDENT'S SPOUSE

Part B: Please provide the following information about you, the requester:

Your Name: (please print)	(First)	(Middle)	(Last)
Your Address:			Daytime Phone
	(City)	(State)	(Zip Code)

Part C: Types of Non-certified Copies of Death Records

Please note that a non-certified copy of a death record is for information only and will not be accepted for any legal purpose. The following are your choices for non-certified copies of death records. Indicate the type you want to receive.

1. a non-certified copy of the fact of death information on the death record; or
2. a non-certified copy of the fact of death and cause of death information on the death record.

Penalties: Any person who willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

Part D. Payment and Mailing

Fill out a separate application for each record you are requesting. Include \$13 for a non-certified copy of a death record. For each additional copy of the same record and of the same type requested in this order, include an additional \$6.

Make checks payable to the Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed for nonpayment.

Mail application and payment to: Minnesota Department of Health
Office of the State Registrar
P.O. Box 64882
St. Paul, Minnesota 55164-0882

If using a Master Card, VISA, American Express, or Discover Card, fax the completed application to: 651-291-0101. There is an additional \$6 per order fee if using a credit card. Card Number: _____ Expiration Date: _____