| **Sheryl “Sherry” Asmus, County Recorder**  **PO Box 130 / 415 N Main St**  **Blue Earth, MN 56013** | | | | | | | **Death Certificate Application** | | | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| To obtain any Minnesota death certificate, Minnesota law requires you to supply 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.* | | | | | | | | | | | | | | | | | | | | | |
| **Information about the deceased person - used to locate the requested death record** | | | | | | | | | | | | | | | | | | | | | |
| **Deceased Person** | 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) | | | | | | State  **MN** |
|  | | | | |  | |
| First parent’s name | | | | Second parent’s name | | | | | | | | Spouse on record (if any) | | | | | | | | |
| **What kind of death certificate do you want?** | | | | | | | | | | | | | | | | | | | | | |
| Certified death certificate *with* cause of death information  Certified death certificate *without*cause of death information (only for records 1997 to today)  Certified VA death certificate for Veterans Affairs-related purposes | | | | | | | | | | | | | | | | | | | | | |
| **Requester - person completing this application – this information is required by law** | | | | | | | | | | | | | | | | | | | | | |
| **Requester** | Requester name (please print) | | | | | | | | | | | | | | | Date of birth (MM/DD/YYYY) | | | | | |
| Mailing address - UPS will not deliver to PO boxes or APO addresses. | | | | | | | Apt/Unit # | | City | | | | | | | | State | | ZIP Code | |
| Daytime phone (10-digit) | | | | | | | Email | | | | | | | | | | | | | |
| **MANDATORY — Mark the boxes that describe your relationship to the deceased person:** | | | | | | | | | | | | | | | | | | | | | |
| 1. A child of the subject | | | 1. The parent of the subject | | | | | | | | | 1. The sibling of the subject | | | | | | | | | |
| 1. The spouse on the record | | | 1. The grandparent of the subject | | | | | | | | | 1. The grandchild of the subject | | | | | | | | | |
| 1. Subject’s personal representative: the certified death certificate is required for the administration of the estate | | | | | | | | | | | | | | | | | | | | | |
| 1. Successor of the subject; the certified death certificate is required for the administration of the estate | | | | | | | | | | | | | | | | | | | | | |
| 1. Trustee of a trust; the certified death certificate is required for the proper administration of the trust | | | | | | | | | | | | | | | | | | | | | |
| 1. Determination or protection of a personal or property right *(You must submit documentation showing this relationship)* | | | | | | | | | | | | | | | | | | | | | |
| 1. Adoption agency — to complete post-adoption search *(Employee ID required)* | | | | | | | | | | | | | | | | | | | | | |
| 1. 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 a copy of your attorney license** | | | | | | | |  |
| 1. I am presenting a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me | | | | | | | | | | | | | | | | | | | | | |
| 1. Local/state/tribal/federal governmental agency *(Employee ID required)* | | | | | | | | | | | | | | | | | | | | | |
| 1. 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. | | | | | | | | | | | | | | | | | | | | | |
| 1. I represent the Department of Veterans Affairs (Best practice: wait until family has verified death record). | | | | | | | | | | | | | | | | | | | | | |
| **Sign this form in front of a Notary Public if you are applying by MAIL or FAX.** | | | | | | | | | | | | | | | | | | | | | |
| *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.* | | | | | | | | | | | | | | | | | | | | | |
| Signature of requester named above | | | | | | | | | | | | | | | Date  (if applying in person) | | | | | | |
| **Notary Public** | State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) SS  Signed or attested before me on \_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Notary stamp/seal | | | | |
| Printed name of notary public | | | | | | | | | | | | | | | |
| Notary public signature | | | My commission expires | | | | | | | | | | | | |

| **Sheryl “Sherry” Asmus, County Recorder**  **PO Box 130 / 415 N Main St**  **Blue Earth, MN 56013** | | | | **Death Certificate Application** | | | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of person completing this application | | | | | | | |
| **How many certified death certificates do you want?** | | | | | | **Fee** | **Death certificates** |
| One certified death certificate | | | | | | **$13** |  |
| Extra copies are $6 each *if you buy them at the same time as one purchased at $13*. | | | | | # of extra copies | **x $6** |  |
|  |
| **How many VA death certificates do you want?** | | | | | **# VA certificates** | **Fee** | **VA certificates** |
| VA death certificates are for Veterans Affairs related purposes only | | | | |  | **$0** | **$0** |
| Credit Card Service Fee | | | | | | **$3** |  |
| **Fees are due with the application and are non-refundable.** *Minnesota Statutes, section 144.226.* | | | | | | | **Total due** |
| Total due = costs of death certificate(s) | | | | | | |  |
| **How do you want to pay?** | | | | | | | |
| **Credit card**  MasterCard/VISA/Discover  **\*\*Please do not Email Credit Card information\*\*** | | Cardholder name | | | | | Valid thru MM/YY |
| Card number | | | | | 3-digit security code |
| **Check** | Check # | | **Make check or money order payable to Faribault County Recorder and send by mail with application. DO NOT SEND CASH.**  Checks returned for non-payment will result in a $30 charge to you.  You could also face civil penalties.  *Minnesota Statutes, section 604.113, subdivision 2.* | | | | |
| **Money order** | Money order# | |
| **Send your application and payment** | | | | | | | |
| **Mail your application, check, money order, or credit card information to:**    Faribault County Recorder’s Office Email application to:  PO Box 130 recorder@co.faribault.mn.us  415 N Main  Blue Earth, MN 56013 | | | | | | | |
| **FAX application with credit card information:**  507-526-5272 | | | | | | | |
| If you have questions about this form, contact recorder@co.faribault.mn.us or 507-526-6252. | | | | | | | |