| **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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) SSSigned 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. |