



## Death Certificate Application

*The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.*

| Death Record Information |                      |                           |
|--------------------------|----------------------|---------------------------|
| First Name               | Middle Name          | Last Name                 |
| Date of Death            | Date of Birth or Age | City and County of Death  |
| Mother's Name            | Father's Name        | Spouse on Record (if any) |

**Please check one of the following:**

- I would like a death certificate with cause of death information
- I would like a death certificate **without** cause of death information (only available for records 1997 to present)

| Requester Information    |            |       |               |     |
|--------------------------|------------|-------|---------------|-----|
| Name                     |            |       | Date of Birth |     |
| Mailing Address - Street | Apt/Unit # | City  | State         | ZIP |
| Daytime Phone            |            | Email |               |     |

**What is your relationship to the subject of the record (tangible interest)? You must check one.**

- I am the child of the subject
- I am the parent of the subject
- I am the sibling of the subject
- I am the spouse on the record
- I am the grandparent of the subject
- I am the grandchild of the subject
- I am the party responsible for filing the death record
- I am a personal representative and the certified copy is required for the administration of the estate
- I am a successor of the subject as defined in Minnesota Statutes, section 524.1-201 and the certified copy is required for the administration of the estate
- I am a trustee of a trust and the certified copy is required for the proper administration of the trust
- I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation showing this relationship)**
- I represent an adoption agency and the record is needed to complete a confidential post-adoption search **(you must include a copy of your employee ID)**
- I am an attorney and I have attached proof of my licensure
- I am presenting your office with a court order issued by a court of competent jurisdiction **(this must be a certified copy)**
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties **(you must include a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must include a notarized statement from a person listed above)**

**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.*

|  |                   |
|--|-------------------|
| Requester Signature  |                   |
| Signed or attested before me on: _____ day of _____, 20_____ | Notary Stamp/Seal |
| Notary Public Signature                                      |                   |
| My Commission Expires:                                       |                   |

**PENALTIES:** Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota- Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

\_\_\_\_\_ \$13.00 one death certificate      \_\_\_\_\_ \$6.00 each additional copy of the same record

Mail To: Carlton County Recorder's Office, PO BOX 70 Carlton, MN 55718

Check payable to: Carlton County Treasurer