



Death Certificate Request

Use this form to request a Minnesota death certificate.

NOTE: Certified records of deaths from 1997 to the present are available from any Minnesota county. Records for 1908 to 1997 deaths are only available from the county of death or Minnesota Department of Health. Pre-1908 records are only available from the county where the death occurred.

It's illegal to give false information to obtain a vital record, and it may subject you to fines, jail time, or both. (Minnesota Statutes 144.227)

Information about the deceased person – used to find the death record *Minnesota Rules 4601.2600*

First name (required)		Middle name (required)		Last name (required)	
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)	

REQUIRED – Requester information *Minnesota Rules 4601.2600*

Requester name (please print)				Date of birth (MM/DD/YYYY)	
Street address (Express delivery won't deliver to PO boxes or APO addresses)				Daytime phone (10-digit)	
Apt/Unit #	City	State	Zip code	Email	

REQUIRED – Mark the boxes that describe your relationship to the deceased person *Minnesota Statutes 144.225*

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. Subject's personal representative: the certified death certificate is required for the administration of the estate
8. Successor of the subject; the certified death certificate is required for the administration of the estate
9. Trustee of a trust; the certified death certificate is required for the proper administration of the trust
10. Person providing proof that they need a death certificate for the determination or protection of a personal or property right.
11. Adoption agency — to complete post-adoption search (*Employee ID required*)
12. Attorney – I am the subject's attorney or the attorney for 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**
13. I am presenting a valid copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me
14. Local/state/tribal/federal governmental agency (*Employee ID required*)
15. 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.
16. I represent the Department of Veterans Affairs (Best practice: wait until family has verified death record).

REQUIRED – Sign this form in front of a notary public if ordering by mail or fax *Minnesota Rules 4601.2600*

I certify that the information provided on this application is accurate and complete to the best of my knowledge.

It is unlawful to give false information to get a birth certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227.

Requester's signature (Signature must match the name of the requester on page one)

Notary	Signed or attested before me on _____ day of _____, 20____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires	

DEATH CERTIFICATE REQUEST

Fees and records request		Fee	
Death certificate <i>with</i> cause of death information (first copy)		\$13	
Death certificate <i>without</i> cause of death information—records 1997 to present (first copy)		\$13	
Additional death certificates	# of extra copies	\$6 each	
Veterans Affairs (VA) death certificate (for VA purposes only)**	# of copies	\$0	
Mailing Information – Continental U.S.A. ONLY (Call for International Mailing Prices)		Fee	
Regular first-class mail		\$0	
USPS Priority Mail Window Flat Rate Envelope (1–4 business day mailing time)		\$11	
Total due		<i>Fees are due with the application and are non-refundable.</i>	
Payment method			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru (MM/YY)
	Card number		3-digit code
<input type="checkbox"/> Check	Check #	Make check or money order payable to “Mower County” DO NOT SEND CASH. 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>	
<input type="checkbox"/> Money order	Money order#		
Send your application and payment to:			
<p style="color: blue; font-weight: bold; margin: 0;">Mower County Auditor/Treasurer 201 1st Street NE Suite 7 Austin, MN 55912</p>			
If I am not eligible to receive the certificate I requested, Mower County will contact me. I give Mower County permission to apply my payment to a follow up application.			
If you have questions, call 507-437-9535 or email auditor-treasurer-dept@co.mower.mn.us			

** You may order a free VA death certificate if you are:

- The surviving spouse or next of kin of a veteran
- A service officer of any veteran’s organization chartered by the Congress of the United States
- A county veteran service officer
- A representative of the Department of Veterans Affairs