Washington County

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
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. ☐ Determination or protection of a personal or property right *(You must submit documentation showing this relationship)*
11. ☐ Adoption agency — to complete post-adoption search *(Employee ID required)*
12. ☐ 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
13. ☐ 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
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).

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

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

Cash/Check:	DCN:	Copies: