

Use this form to request a Minnesota death certificate. *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).*

I want:

- # _____ Certified death certificate *with* cause of death information
 # _____ Certified death certificate *without* cause of death information (only for records 1997 to present)
 VA Death Certificate for Veterans Affairs-related purposes

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]	Age	City of death	County of death (required)

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	Apt/Unit #	City	State
Daytime phone (10-digit)			

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 who demonstrates a need for a death certificate to determine or protect a personal or property right.
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 copy of your license.

13. I have 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.)

Requester's name:

Sign this form in front of a Notary Public if you are applying by MAIL.

Minnesota Rules 4601.2600

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

Requester signature

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

Fees and record request		Fee	
Certified Death Certificate (first copy)		\$13	
Additional copies	# of copies	\$6 each	
Veteran's Affairs (VA) certificate (for VA purposes only)	1 copy	\$0	

Total due	Fees are due with the application and are nonrefundable.	
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Payment method		
<input type="checkbox"/> Check	Check #	Make check or money order payable to Benton County Recorder. 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 604.113).
<input type="checkbox"/> Money order	Money order #	

Send your request and payment to:	Questions?
Benton County Land services - Recorder 531 Dewey Street PO Box 129 Foley, MN 56329	Contact Benton County Recorder at recorder@co.benton.mn.us or 320-968-5037