

DEATH CERTIFICATE APPLICATION - NON CERTIFIED

The noncertified copy is for informational use only - it may not contain an issuance office nor date of issuance of the copy.

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Place of Death (City / county)	Spouse of Subject (if applicable)
Mother's First Name	Middle Name	Maiden Name
Father's First Name	Middle Name	Last Name
Requester Information		
Name		Date of Birth
Mailing Address	City & State	Zip Code
Daytime phone	Email	
Type of Certificate(s) Requested: ___ With Cause of Death ___ Without Cause of Death (for deaths after 1997)		
Number of Certified Death Certificates requested		
___ One (\$13.00)	___ # add'l (\$6.00 each/same record)	\$ ___ TOTAL AMOUNT DUE

Requestor's signature:	
Date of Request:	

CREDIT CARD ORDERS: (add'l \$7.00) fax completed app to 320-732-4001. ___ Please overnight (add'l \$17.50)

Credit Card #: _____ Expiration date: _____ Authorization # _____

OR mail application & payment to: Todd County Recorder, 215 1st Ave S #203, Long Prairie MN 56347

Questions: 320-732-4428 recorder's office main line

12/8/14

OFFICE USE ONLY:

File #:

Date issued:

by: