

## DEATH CERTIFICATE APPLICATION -CERTIFIED

*The information requested on this application is required by MS 144.225, Subd 7 and MN Rules 4601.260*

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Decedent's age/birth date	County of Death
Mother's name	Father's name	Decedent's Spouse
Requester Information		
Name		Date of Birth
Mailing Address	City & State	Zip Code
Daytime phone	Email	
<b>Type of Certificate(s) Requested: ___ With Cause of Death ___ Without Cause of Death (for deaths after 1997)</b>		
<b>Number of Certified Death Certificates requested</b>		
___ One (\$13.00)	___ # additional (\$6.00 each)	\$ ___ TOTAL AMOUNT DUE
<b>What is your relationship to the subject of the record (tangible interest)? Must choose one</b>		

- \_\_\_ 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 of the subject    \_\_\_ 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 **(you must include a certified copy of your court order)**  
 \_\_\_ I am a successor of the subject as defined by MS 524.1-201, and the certified copy is required for the admn of the estate. **(you must provide evidence of relationship)**  
 \_\_\_ I am trustee of a trust and a certified copy is required for the proper administration of the trust **(you must provide evidence of trustee authorization)**  
 \_\_\_ I have documentation that the record is necessary for the determination or protection of pesonal or property rights **(you must submit documents 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 **(must be certified copy)**  
 \_\_\_ I represent a local, state or federal govt agency and the record is necessary for the govt agency to perform its authorized duties **(you must include a copy of employee ID)**  
 \_\_\_ I am a representative authorized by a person listed above **(you must include a notarized statement from person)**

**Signature & Notary (application MUST be signed in front of a notary public if not applying in person in the recorder's office )**

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

Requestor's signature:	
Signed or attested before me this ___ day of ___, 20___	
Notary Public Signature:	
My Commission expires on:	

Notary Seal:

**PENALTIES:** any person who willfully & knowingly provides false information by a certified vital record maybe sentenced up to 1 year in jail or a fine up to \$3000 or both (MS 144.227 & section 609.02, Subd 3 and 4)

**CREDIT CARD ORDERS: (add'I \$7.00) fax completed app to 320-732-4001. \_\_\_ Please overnight (add'I \$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

DCN# \_\_\_\_\_ Date issued: \_\_\_\_\_ by: \_\_\_\_\_