

## Certified Death Certificate Application

*The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600. If you do not complete all fields, the application may be returned.*

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Date of Birth or Age	City and County of Death
Mother's Name	Father's Name	Spouse on Record (if any)

**Please check one of the following:**

- I would like a death certificate with cause of death information
- I would like a death certificate **without** cause of death information (only available for records 1997 to present)

Requester Information				
Name			Date of Birth	
Mailing Address - Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

**What is your relationship to the subject of the record (tangible interest)? You must check one.**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> I am the child of the subject   | <input type="checkbox"/> I am the parent of the subject      | <input type="checkbox"/> I am the sibling of the subject    |
| <input type="checkbox"/> I am the spouse on the record   | <input type="checkbox"/> I am the grandparent of the subject | <input type="checkbox"/> I am the grandchild of the subject |
| <input type="checkbox"/> I am the party responsible for filing the death record  |  |   |
| <input type="checkbox"/> I am a personal representative and the certified copy is required for the administration of the estate  |  |   |
| <input type="checkbox"/> I am a successor of the subject as defined in Minnesota Statutes, section 524.1-201 and the certified copy is required for the administration of the estate   |  |   |
| <input type="checkbox"/> I am a trustee of a trust and the certified copy is required for the proper administration of the trust   |  |   |
| <input type="checkbox"/> I have documentation that the record is necessary for the determination or protection of personal or property rights ( <b>you must submit documentation showing this relationship</b> )                   |  |   |
| <input type="checkbox"/> I represent an adoption agency and the record is needed to complete a confidential post-adoption search ( <b>you must include a copy of your employee ID</b> )  |  |   |
| <input type="checkbox"/> I am an attorney and I have attached proof of my licensure  |  |   |
| <input type="checkbox"/> I am presenting your office with a court order issued by a court of competent jurisdiction ( <b>this must be a certified copy</b> )   |  |   |
| <input type="checkbox"/> I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties ( <b>you must include a copy of your employee ID</b> ) |  |   |
| <input type="checkbox"/> I am a representative authorized by a person listed above ( <b>you must include a notarized statement from a person listed above</b> )  |  |   |

**Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)**

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

Requester Signature	Date
Signed or attested before me on: _____ day of _____, 20__	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

**PENALTIES:** Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to 1 year in jail or a fine of up to \$3000 or both (Minnesota- Statutes, section 144.227 and section 609.02, subdivision 3 and 4).

<b>FOR OFFICE USE ONLY:</b> DL ___ Initials ___ DCN # _____ Tran # _____ Cash/Check # _____ # of Certs _____ Total \$ _____
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**If paying by credit card (MasterCard/VISA/Discover):**

Name on card	Card number	Expiration date	3 digit security code
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**If paying by check or money order (make payable to Carver County):**

Check/money order number
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Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

**Fee and Payment Information**

Item	Number requested	Fee	Total
One death certificate	1	\$13	<b>\$13</b>
Additional certificate(s) for the same death record <b>(optional)</b>		\$6 each	
<b>Total amount submitted or to be charged to credit card: (This amount must be at least \$13.)</b>			

**Send application and payment:****By MAIL to:**

Carver County  
Vital Records  
600 East 4<sup>th</sup> Street  
Chaska, MN 55318

**By FAX to** 952-361-1919

**By EMAIL to** [taxsvc@co.carver.mn.us](mailto:taxsvc@co.carver.mn.us)

If you have questions, please contact us at [taxsvc@co.carver.mn.us](mailto:taxsvc@co.carver.mn.us).