



# Death Certificate Request

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]	Or Age	City of death	County of death (required)	State <b>MN</b>
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	Zip code
Daytime phone (10-digit)		Email			

**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.)

**REQUIRED — Signature** *Minnesota Rules 4601.2600*

**\*\*Please sign with a notary on the next page please.**

<b>Requester's name:</b>		
<b>Requester's signature and notarization</b>		<i>Minnesota Rules 4601.2600</i>
<i>I certify that the information provided on this form is correct and complete to the best of my knowledge.</i>		
Requester signature		
<b>Notary</b>	Signed or attested before me on: ____ day of _____, 20 ____	Notary stamp/seal
	Printed name of notary public	
	Notary public signature	My commission expires:
<b>Fees and record request</b>		<b>Fee</b>
Death Certificate (first copy)		<b>\$13</b>
Additional copies	# of copies	<b>\$6</b>
Veteran's Affairs (VA) certificate (for VA purposes only)	# of copies	<b>\$0</b>
<b>Shipping</b>		<b>Fee</b>
First-class mail		<b>\$0</b>
Faster Shipping – Contact our office at 507-357-8270, for the price.		
<ul style="list-style-type: none"> <li>• <b>Le Sueur County and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>• For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>	<i>Fees are due with the application and are nonrefundable.</i>	
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/Visa/Discover	Please provide a Daytime Telephone # so we can reach you for the card details. A \$1.50 convenience Fee per \$50 charge will apply.  Daytime Telephone # ( _____ ) _____ - _____	
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Le Sueur County Recorder. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties ( <i>Minnesota Statutes 604.113</i> ).
<input type="checkbox"/> <b>Money order</b>	Money order #	
<b>Send your request and payment to:</b>		<b>Questions?</b>
Le Sueur County Recorder's Office 88 South Park Avenue Le Center, MN 56057		Contact Le Sueur County Recorder's Office at <a href="mailto:Recorders@lesueurcounty.gov">Recorders@lesueurcounty.gov</a> or 507-357-8270