



Olmsted County 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
Daytime Phone			Email		
			State	ZIP	

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

- 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 on the record
- 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
- 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
- I am a trustee of a trust and the certified copy is required for the proper administration of the trust
- I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation 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 **(this must be a certified copy)**
- I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties **(you must include a copy of your employee ID)**
- I am a representative authorized by a person listed above **(you must include a notarized statement from a person listed above)**

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	
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).



Olmsted County Death Certificate Application



Requester Name:

Fee and Payment Information

Item	Number requested	Fee	Total
One death certificate	1	\$13	\$13
Additional certificate(s) for the same death record (optional)		\$6 each	
Expedite fee (optional) – This is an <u>additional</u> fee that will place your request ahead of non-expedited requests.		\$20	
USPS Express Mail delivery (optional) – This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here if you want USPS Express Mail to require a signature for receipt. If you do not check this box, no signature will be required.		\$25.50	
For international requests, please go to http://ircalc.usps.com to calculate and include international mailing fees.			
There will be a 2.45% convenience fee for credit card transacions.			
Total amount submitted or to be charged to credit card:			

Type of payment: Credit Card Money order Check

If paying by credit card (MasterCard/VISA/Discover/AMX):

Name on card:	Card number	Expiration date	3 digit security code or 4 digit on front of AMX
---------------	-------------	-----------------	--

If paying by check or money order (make payable to Olmsted County Vital Records):

Check/money order number

Due to high administrative costs, we are unable to issue refunds for overpayment. 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.

Send application and payment:

By FAX to 507-328-7965

By MAIL to:
Olmsted County
Vital Records and Licensing
151 4th St SE
Rochester, MN 55904-3709

If you have questions, please contact us at vitals@co.olmsted.mn.us.