

Death Certificate Request

NOTE: County offices generally provide the fastest service. Certified records of deaths from 1997 to the present are available from any Minnesota county. Records for 1908 to 1997 deaths are only available from the county of death or Minnesota Department of Health. Pre-1908 records are only available from the county where the death occurred.

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)

Information about the deceased person – used to find the death record						<i>Minnesota Rules 4601.2600</i>	
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 MN	
First parent's name		Second parent's name		Spouse on record (if any)			
REQUIRED – Requester information						<i>Minnesota Rules 4601.2600</i>	
Requester name (please print)						Date of birth (MM/DD/YYYY)	
Street address (Express delivery won't deliver to PO boxes or APO addresses)						Daytime phone (10-digit)	
Apt/Unit #		City		State		Zip code	
						Email	
REQUIRED – Mark the boxes that describe your relationship to the deceased person						<i>Minnesota Statutes 144.225</i>	
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. ☐ Determination or protection of a personal or property right (<i>You must submit documentation showing this relationship</i>) 11. ☐ Adoption agency — to complete post-adoption search (<i>Employee ID required</i>) 12. ☐ Attorney – I am the subject's attorney or the attorney for a person listed in items 1-10 above. My Minnesota Attorney License Number is: If you are a NON-Minnesota attorney, attach a copy of your attorney license 13. ☐ I am presenting a valid, certified 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 (<i>Employee ID required</i>) 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 – Sign this form in front of a notary public if ordering by mail or fax						<i>Minnesota Rules 4601.2600</i>	
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>							
Signature of requester named above						Date (if applying in person)	
Notary	Signed or attested before me on day of , 20						Notary stamp/seal
	Printed name of notary public						
	Notary public signature				My commission expires		

DEATH CERTIFICATE REQUEST

Requester Name:			
Fees and records request	Request	Fee	Total
One certified death certificate	1	\$13	
Additional death certificates purchased at the same time		\$6 each	
Veterans Affairs (VA) death certificate (for VA purposes only)**			
Processing			
Standard	\$0		
Expedite (2 business days)	\$20		
Shipping			
Regular first-class mail	\$0		
Express delivery available (call for current rate 507-526-6252)			
The Faribault County Recorder and the express delivery service are not responsible for deliveries that do not require a signature. Express delivery services will not deliver to PO boxes or APO addresses.			
Total due			
<i>Fees are due with the application and are non-refundable.</i>			
Payment method			
☐ Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)	
	Card number	3-digit code	
☐ Check Check #		Make check or money order payable to Faribault County Recorder. DO NOT SEND CASH. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. MN Statute, section 604.113, subd. 2.	
☐ Money order Money order#			
Send your application and payment to:			
Mail: Faribault County Recorder 415 North Main Street PO Box 130 Blue Earth MN 56013 Phone: 507-526-6252		Email: recorder@faribaultcountymn.gov	
If you have questions, contact the Office of Vital Records at recorder@faribaultcountymn.gov or 507-526-6252.			