

To obtain any Minnesota death certificate, Minnesota law requires you to provide the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

Information about the deceased person - used to locate the requested death record

Subject/Deceased	First name (required)		Middle name (required)		Last name (required)		Name suffix	
	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)		

What kind of death certificate do you want?

- \$13** Certified death certificate *with* cause of death information
- \$13** Certified death certificate *without* cause of death information (only for records 1997 to today)
- \$6** Additional copies purchased at the same time

Person completing this application (requester)

Requester	Requester name (please print)				Date of birth (MM/DD/YYYY)			
	Mailing address - UPS will not deliver to PO boxes or APO addresses.			Apt/Unit #	City		State	ZIP
	Daytime phone			Email				

MANDATORY — Check the boxes below that describe your relationship to the deceased subject of the record:

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. Party responsible (licensed mortician or funeral director) for filing the death record
8. Subject's personal representative; the certified death certificate is required for the administration of the estate
9. Successor of the subject; the certified death certificate is required for the administration of the estate
10. Trustee of a trust; the certified death certificate is required for the proper administration of the trust
11. Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
12. Adoption agency — to complete post-adoption search (*Employee ID required*)
13. Attorney — my Minnesota Attorney License Number is: _____ NON-Minnesota Attorney - affix copy of license
14. 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
15. Local/state/tribal/federal governmental agency (*Employee ID required*)
16. 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.
17. I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

Sign this form in front of a Notary Public if you are applying by MAIL or FAX.

I certify that the information provided on this application is accurate and complete to the best of my knowledge. It is against the law to provide false information to get a death certificate. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.

Signature of requester completing this application		Date
		(if applying in person)

Notary Public	Signed or attested before me on _____ day of _____, 20_____		Notary stamp/seal
	Printed name of notary public		
	Notary public signature	My commission expires	

Name of person completing this application			
How many certified death certificates do you want?	Request	Fee	Subtotals
One death certificate sent by First Class Mail®	1	\$13	\$13
Additional copies are \$6 each, <i>if you buy them at the same time as one purchased at \$13.</i>		x \$6ea	
<ul style="list-style-type: none"> Optional Shipping: USPS Priority Mail (Shipping in 1-3 Business Days) 	Yes or No	\$7.35	
<ul style="list-style-type: none"> Credit Card Fee (If paying by credit or debit card) 	Yes or No	\$2	
NOTICE: Fees are payable at the time of application and are non-refundable. Minnesota Statutes, section 144.226.		Total amount due: Amount must be at least \$13	
How do you want to pay?			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY	
	Card number	3-digit security code	
<input type="checkbox"/> Check Check # _____		Make check or money order payable to Brown County and send by mail with your application to address below. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>	
<input type="checkbox"/> Money order Money order # _____			
If you have questions about this form , contact us at recorder@co.brown.mn.us or 507-233-6657.			
<ul style="list-style-type: none"> Mail your application, check, money order, or credit card information to: BROWN COUNTY COURTHOUSE RECORDER'S OFFICE PO BOX 248 NEW ULM MN 56073-0248 Or, FAX application with credit card information: 507-233-6668 			