

Death Certificate Application

| | btain any Minnesota deat | | | the inform | nation on thi | s form. You | ı must also | pay the | | | | | | |
|---|---|-----------------------|-------------------------------------|-------------|---------------|----------------------------|---------------------------|-------------|-------|--|--|--|--|--|
| | ired fee and provide acce | | | | | | | | | | | | | |
| | nesota Statutes, section 144.2 rmation about the deceas | | | | | | | | | | | | | |
| | First name (required) | seu person - useu | | | 1 | | | | | | | | | |
| rson | i i i se name (requirea) | | Middle name (required) Last name (r | | | | equiled) | | | | | | | |
| Pel | Date of death [MM/DD/YYYY] | Date of birth [MM/D | M/DD/YYY] Or Age City of death | | | County of death (requi | | | State | | | | | |
| sed | (required) | | | | | MN | | | | | | | | |
| Deceased Person | First parent's name | Sec | ond parent's | rent's name | | | Spouse on record (if any) | | | | | | | |
| ۵ | | | | | | | | | | | | | | |
| What kind of death certificate do you want? | | | | | | | | | | | | | | |
| ☐ Certified death certificate <i>with</i> cause of death information | | | | | | | | | | | | | | |
| | ertified death certificate v | | | | | 1997 to to | day) | | | | | | | |
| ☐ Certified VA death certificate for Veterans Affairs-related purposes | | | | | | | | | | | | | | |
| Requester - person completing this application – by law you must supply this information | | | | | | | | | | | | | | |
| _ | Requester name (please p | orint) | | | | Date of birth (MM/DD/YYYY) | | | | | | | | |
| ste | Mailing address - UPS® will not | PO addresses. | Apt/Unit # | City | | State | ZIP Code™ | | | | | | | |
| Requester | | | - C ddd. 55555. | | J.1., | | | | | | | | | |
| Re | Daytime phone (10-digit) | | | Email | | | • | • | | | | | | |
| | | | | | | | | | | | | | | |
| | NDATORY — Mark the box | | | | ne deceased | _ | | | | | | | | |
| | ☐ A child of the subject | | he parent of | = | 3. | | bling of the | = | | | | | | |
| | ☐ The spouse on the record 5. ☐ The grandparent of the subject 6. ☐ The grandchild of the subject | | | | | | | | | | | | | |
| | ☐ 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 Trustee of a trust; the certified death certificate is required for the proper administration of the trust | | | | | | | | | | | | | |
| | \square Trustee of a trust, the cert | | · · | - | - | | | plationshin |) | | | | | |
| | \square Adoption agency — to con | | | | | icitation sii | owing this re | nationsinp | , | | | | | |
| | | | | = | - | If you are a | NON-Minn | esota atto | rnev. | | | | | |
| 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 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 (Employee ID required) (Best practice: wait for family to verify death record). | | | | | | | | | | | | | | |
| | \square I have a signed statement | • | | | | • | - | st) and dat | e of | | | | | |
| | death, the signer's relationsh | • | | nd authoriz | es me to obta | in the certi | ficate. | | | | | | | |
| | ☐ I represent the Departmen | | | | FAV | | | | | | | | | |
| | this form in front of a No ify that the information prov | | | | | act of my kr | auladaa It | ic against | the | | | | | |
| | to provide false information | | | | | | | | | | | | | |
| secti | on 144.227 and section 609.0 | 02, subdivisions 3 ar | | , , | | | | | | | | | | |
| Signa | ature of requester named abo | Date | Date | | | | | | | | | | | |
| | | | | | | | ng in person |) | | | | | | |
| U | Signed or attested before m | Notary st | Notary stamp/seal | | | | | | | | | | | |
| ubli | Printed name of notary pub | \dashv | | | | | | | | | | | | |
| ry P | | | | | | | | | | | | | | |
| Notary Public | Notary public signature | | My commission expires | | | | | | | | | | | |
| Z | | | | | | | | | | | | | | |



Death Certificate Application

| Name of person completing this | application | | | | | | | |
|---|--|---|--|---|----------|-----------------------|--|--|
| How many certified death co | Fee | Death certificates | | | | | | |
| One certified death certificat | | \$13 | | | | | | |
| Extra copies are \$6 each if yo | ou buy them at the same | time as you buy | # o | extra copies | | | | |
| one at \$13. | | | | · | x \$6 | | | |
| How many VA death certific | ates do you want? | | • | # VA certificates | Fee | VA certificates | | |
| VA death certificates are for | \$0 | \$0 | | | | | | |
| How do you want us to proc | ess your request? | | | | Fee | Choose processing | | |
| Standard – your request prod | cessed in the order recei | ived | | | \$0 | | | |
| Faster – your request goes al | ® delivery) | \$20 | | | | | | |
| How do you want us to send | your order? | | | | Fee | Choose delivery | | |
| Regular First-Class Mail® | • | | | | \$0 | | | |
| United Parcel Service (UPS®) | | \$16 | | | | | | |
| For UPS® delivery, check her | e 🗆 to require a signatu | ıre. | | | | | | |
| UPS® will not deliver to PO b If you want UPS® delivery to you submit your application | an address outside of t and fees. | | • | | S® prepa | | | |
| Fees are due with the applic | ation and are non-refur | ndable. Minnesoto | Statute | s, section 144.226. | | Total due | | |
| | Total due = co | sts of death certi | ficate(s |) + processing + o | delivery | | | |
| How do you want to pay? | | | | | | | | |
| ☐ Credit card | Cardholder name | | | | | Valid thru MM/YY | | |
| MasterCard/VISA/Discover | Card number | | | | | 3-digit security code | | |
| □ Check # | | Make check or m Recorder and ser | | ville County NOT SEND CASH. | | | | |
| ☐ Money Money order # order | Money order # | | Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. Minnesota Statutes, section 604.113, subdivision 2. | | | | | |
| Send your application and p | ayment | | | | | | | |
| | | The Office of Vital Records returns applications that are | | | | | | |
| Renville County R | ecorder | r Incomplete | | | | | | |
| Ry mail | 500 E DePue Ave Ste 203 Olivia, MN 56277 | | | · · | | | | |
| Olivia, MN 56277 | | | | Not signed in front of a notary p | | | | |
| | | Not paid in full at the time of a | | | | plication | | |
| If you have questions, please | contact us at Recorder(| @renvillecountyr | nn.gov | or call 320-523-3 | 669 | | | |

To obtain this information in a different format, call 651-201-5970.