



## 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 (mm/dd/yyyy)	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 (mm/dd/yyyy)	
Mailing Address - Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

**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).



# Death Certificate Application

Requester Name:

**Fee and Payment Information**

Item	Number requested	Fee per item	Total
One death certificate		\$13	
Additional certificate(s) for the same death record (optional)		\$6 each	
<b>Total amount submitted: (This amount must be at least \$13)</b>			

Type of payment:  Check  Money order

Check/money order number

**Please make check/money order payable to Washington County**

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 MAIL to:**  
Washington County Vital Records  
14949 62nd St N  
PO Box 6  
Stillwater, MN 55082-0006

If you have questions or for information regarding locations where you can apply in person, please contact us at 651-430-6175.