



APPLICATION FOR A NON-CERTIFIED TRANSCRIPT OF A MINNESOTA DEATH RECORD

The non-certified transcript is for informational use only. It will not show an issuance office or issue date.

PART I: Death Record Information		
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH (mm/dd/yyyy)	DATE OF BIRTH OR AGE	CITY & COUNTY OF DEATH
MOTHER'S NAME	FATHER'S NAME	SPOUSE ON THE RECORD (IF ANY)

PART II: Requester Information		
NAME (PLEASE PRINT)		
MAILING ADDRESS		
CITY	STATE	ZIP
DAYTIME PHONE	EMAIL	

PENALTIES: Any person who willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

PART III: Fee and Payment Information			
Item	Number requested	Fee per item	Total
One non-certified transcript			
Each additional non-certified transcript for the same person (optional)		\$6 each	
Total amount submitted: (This amount must be at least \$13.)			
Type of payment: <input type="checkbox"/> Check <input type="checkbox"/> Money order		Check/money order number:	
Please make check/money order payable to Washington County			

OR

Mail application and credit card information or check/money order to:
Minnesota Department of Health
Central Cashiering – Vital Records
PO Box 64499
St. Paul, MN 55164-0499