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	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	
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 or fax)

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).

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Requestor Name:

Fee and Payment Information

Item		Fee Per Item	Total
First Death Certificate		$13.00	
Additional Certificate(s) for this Death Record requested at this time		$6.00	
First Class Mail	First Class mail is the default mailing method if another mailing option is not selected.	$0.00	
Express Mail (Optional)	Express or Priority mail is suggested for your valuable personal documents as it can be traced when mailed. Every effort will be made to process & ship the same business day the request is received but not guaranteed.	$22.95	
Priority Mail (Optional)		$6.45	
☐ Check		$0.00	
☐ Credit Card-A $1.95 convenience fee is charged for credit card transactions. This will show on your statement as a separate charge.		$1.95	
Name on Card:			
Card Number:			
Expiration Date:	Billing Zip Code:		
		Total:	

Due to high administrative costs, we are unable to issue refunds for overpayment.
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 to:

Mail application and check to:
Clay County Recorder
PO BOX 280
807 11th St N
Moorhead, MN 56560

OR

Fax application and credit card information to:
866-908-2452

Email: recorder@co.clay.mn.us
218-299-5031