



Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to supply 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

Deceased Person	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?

- Certified death certificate *with* cause of death information
- Certified death certificate *without* cause of death information (only for records 1997 to today)
- Certified VA death certificate for Veterans Affairs-related purposes

Requester - person completing this application – this information is required by law

Requester	Requester name (please print)				Date of birth (MM/DD/YYYY)		
	Mailing address			Apt/Unit #	City	State	ZIP Code
	Daytime phone (10-digit)			Email			

MANDATORY — Mark the boxes that describe your relationship to the deceased person:

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. 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
9. Trustee of a trust; the certified death certificate is required for the proper administration of the trust
10. Determination or protection of a personal or property right (*You must submit documentation showing this relationship*)
11. Adoption agency — to complete post-adoption search (*Employee ID required*)
12. Attorney – I represent the subject, or a person listed in items 1-10 above.
My **Minnesota** Attorney License Number is: _____
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*)
15. I represent the Department of Veterans Affairs (*Best practice: wait for family to verify death record*)

If you are a NON-Minnesota attorney, attach a copy of your attorney license

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 named above		Date
		(if applying in person)
Notary Public	Signed or attested before me on _____ day of _____, 20_____	
	Printed name of notary public	
	Notary public signature	My commission expires
		Notary stamp/seal



Death Certificate Application

Name of person completing this application

How many certificates do you want?	Request	Fee	Total
One certified death certificate	1	\$13.00	
Extra copies are \$6 each <i>if you buy them at the same time as one purchased at \$13.</i>		\$6.00	
Non-Certified Death Certificate		\$13.00	
USPS Priority Mail® (Optional)		\$9.65	
Credit Card – A \$1.95 convenience fee is charged for credit card transactions.		\$1.95	

NOTICE: Fees are payable at the time of application and are non-refundable. **Total amount due:**
Minnesota Statutes, section 144.226. Amount must be at least

If I am not eligible to receive the certificate I requested, the Clay County Recorder’s Office will contact me. I give the Clay County Recorder permission to apply my payment to a follow up application.

How do you want to pay?

<input type="checkbox"/> Credit card MasterCard/VISA/Discover/AMEX	Cardholder name	Expiration date
	Card number: PLEASE CALL OUR OFFICE WITH YOUR INFORMATION AFTER SENDING APPLICATION 218-299-5031 SELECT “0” to SKIP MENU	Billing Zip Code

<input type="checkbox"/> Check Check # _____ <input type="checkbox"/> Money order Money order # _____	Make your check or money order payable to Clay County Recorder. DO NOT SEND CASH. 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>
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Send application and payment to:

Clay County Recorder

Mail:
 Clay County Recorder
 PO Box 280
 3510 12th Ave S
 Moorhead, MN 56561-0280

Fax:
 866-908-2452 (Please call after sending fax to ensure fax was received)

E-mail:
recorder@claycountymn.gov

If you have **questions**, please contact us at recorder@claycountymn.gov or call 218-299-5031.