Houston County Recorder - Vital Statistics Death Certificate Application

	btain any Minnesota deatl			w requires	you	to supply t	he info	ormatio	n on this	form, pa	y the
•	ired fee, and provide acce	•		. 5 /		1501 0500					
	nesota Statutes, section 144.2							5.			
	rmation about the deceas First name (required)	sea person - use						od)	Name suf	ffiv	
son	riist name (required)			Middle name (required) Last name (require				ed) Name sumx			
Per	Date of death [MM/DD/YYY] Date of birth [MM/DD/YYY] O			r Age City of	ge City of death			County of death (required) State			
sed	(required)							MN			
Deceased Person	First parent's name Second			d parent's name				pouse on record (if any)			
۵					<u> </u>						
What kind of death certificate do you want?											
	ertified death certificate v	vith cause of dea	ath inform	ation							
☐ Certified death certificate without cause of death information (only for records 1997 to today)											
	ertified VA death certifica										
Requ	uester - person completing	•	n – this inf	ormation is	rec	quired by la	w	1	<u> </u>		
L	Requester name (please print)							Date of birth (MM/DD/YYYY)			
Requester	Mailing address - UPS will not o	deliver to PO boxes or A	APO addresses	. Apt/Unit	# C	City			State	ZIP Code	
anb						-1					
Re	Daytime phone (10-digit)			Email							
	NDATORY — Mark the box			•			•		C . I	1	
	_	A child of the subject 2. The parent of the subject 3. The sibling of the subject 5. The spouse on the record 5. The grandparent of the subject 6. The grandchild of the subject									
	Ine spouse on the record 5. Ine grandparent of the subject 6. In figure grandchild of the subject 5. Subject 5. Subject 6. In figure grandchild of the subject 5. Subject's personal representative: the certified death certificate is required for the administration of the estate										
	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										
		☐ Determination or protection of a personal or property right (You must submit documentation showing this relationship))
					-	-					
		complete post-adoption search (Employee ID required) the subject, or a person listed in items 1-10 above. License Number is: If you are a NON-Minnesota attorney, attach a copy of your attorney license									
	-										
	☐ Local/state/tribal/federal						ers reice	35C O1 C1	ic death c	er timeate t	.o me
		•			•		ll name	(first, r	niddle, las	t) and dat	e of
		a signed statement from a person listed above; it specifies the decedent's full name (first, middle, last) and date of e signer's relationship to the subject of the record, and authorizes me to obtain the certificate.									
	☐ I represent the Departmen						verified	d death	record).		
	this form in front of a No						ost of n	mu ka au	Jodgo It i		46.0
	ify that the information prov t o provide false information				-		_	-	_	_	
	on 144.227 and section 609.0	-	-	, 2000	-,						,
Signa	ature of requester named abo	ove						Date			
								(if apply	ing in per	rson)	
	Cianaday attacted bafaya ya		£			20			y stamp/s		
blic	Signed or attested before me on day of, 20							-			
/ Pu	Printed name of notary public										
Notary Public	Notary public signature					My commission expires					
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Houston County Recorder Vital Statistics

Death Certificate Application

Name of person completing this application											
How many certified death certificates do yo	Fee	Death certificates									
One certified death certificate	\$13										
Extra copies are \$6 each if you buy them at the purchased at \$13.	x \$6										
How many VA death certificates do you wan	Fee	VA certificates									
VA death certificates are for Veterans Affairs	\$0	\$0									
Fees are due with the application and are no		Total due									
Total due = costs of death certificate(s)											
How do you want to pay?											
Check # Make check or money order payable to: Houston County Recorder and send by mail with application.											
Money order # order	\$30 char	ge to you.									
Minnesota Statutes, section 604.113, subdivision 2. Send your application and payment											
Mail your application and check or money order to:											
Ho	ouston County Recor	der									
304 S. Marshall Street Room 111											
Caledonia MN 55921											
If you have questions about this form, contact the email: recorder@co.houston.mn.us	Houston County Recor	rder's Office at (507) 7	25-5813 or							

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