

## **BIG STONE COUNTY** Office of Vital Statistics

## **Death Certificate Application**

	btain any Minnesota deat ired fee, and provide acce			w requires	you	to supply t	he info	ormatio	on on thi	s form, pa	ly the		
Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.													
Into	rmation about the deceas	sed person - use				1			News	-CC			
son	First name (required)	ivildale n	Middle name (required) Last name			ne (required)		Name suffix					
Deceased Person	Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYY] Or Ag		Age City o	City of death		County o		of death (required)		State <b>MN</b>		
Decea	First parent's name	 	Second parer	nt's name		Spous		e on record (if any)					
Wha	What kind of death certificate do you want?												
Certified death certificate <i>with</i> cause of death information													
	ertified death certificate v				nlv <sup>.</sup>	for records	1997	to toda	iv)				
	ertified VA death certifica			-	-				.,,				
	uester - person completin			<u> </u>		quired by la	w						
	Requester name (please					. ,		Date o	of birth (N	1M/DD/YY	YY)		
er													
Requester	Mailing address - UPS will not	APO addresses	Apt/Uni	:# C	City			State	ZIP Code				
Re	Daytime phone (10-digit)				Email								
MAN	NDATORY — Mark the bo	xes that describ	oe your rela	tionship t	o the	e deceased	perso	n:					
4. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. Sign	.  Subject's personal representative: the certified death certificate is required for the administration of the estate												
l cert	ify that the information prov	vided on this appl	ication is acc	urate and	отр	lete to the b	est of r	ny knov	vledge. <b>It</b>	is against	the		
secti	<b>to provide false information</b> on 144.227 and section 609.0	02, subdivisions 3	-	u may be s	ıbjec	t to fines, jai			Minneso	ta Statutes	,		
Signa	ture of requester named ab	ove						Date					
		(if apply	applying in person)										
									Notary stamp/seal				
blic	Signed or attested before me on day of, 20												
Printed name of notary public													
Notary Public	Notary public signature			My cor	nmiss	sion expires							

## **Death Certificate Application**

Name of person completing this application												
How many certified death cer	Fee	Death certificates										
	\$13.00											
Extra copies are \$6 eac	x \$6.00											
The certificate(s) will be returned to you certificate(s) returned to you by Priority amount due.	\$											
How many VA death certifica	Fee	VA certificates										
VA death certificates are for V	\$0	\$0										
Fees are due with the applica	Total due											
Total due = costs of death certificate(s)												
How do you want to pay?												
	Cardholder name		Valid thru MM/YY									
Credit card												
MasterCard/VISA/Discover	Card number		3-digit security code									
Check #	Check # Make check or money order payable to BIG											
			d by mail with appl									
Money Money order #	Check	Checks returned for non-payment will result in a \$30 charge to you.										
order		You could also face civil penalties.										
Minnesota Statutes, section 604.113, subdivision 2.         Send your application and payment												
Big Stone County Recorder and Office of Vital Statistics 20 Second Street SE Ortonville, MN 56278 OR Email to: <u>recorder@bigstonecounty.g</u> OR Fax to: 320.839.6394	<u>ov</u>	5390.										
li you nave questions, plea	If you have questions, please contact us at <b>320-839-6390</b> .											