

# Noncertified Death Record Application

Anyone may buy a noncertified death record for a Minnesota death.

A noncertified death record prints on plain paper. *Noncertified copies are for informational use only.* If we cannot find the record with the information you provide, we will send you a statement of no record found.

| MANDATORY: Information about the deceased person - used to find the requested death record |                                       |                                   |                        |  |                            |                    |             |
|--|---------------------------------------|-----------------------------------|------------------------|--|----------------------------|--------------------|-------------|
| <b>Subject/deceased</b>  | 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<br><b>MN</b> |             |
|  | First parent's name                   |                                   | Second parent's name   |  | Spouse on record (if any)  |                    |             |

| You MUST complete this section if you send your application to a vital records office by mail or fax |   |  |  |                           |       |       |
|--|---|--|--|---------------------------|-------|-------|
| <b>Requester</b>   | Requester name (please print)   |  |  | Daytime phone (10-digits) | Email |       |
|  | Mailing address - UPS® will not deliver to PO boxes or APO addresses. |  |  | Apt/Unit #                | City  | State |

| Request information   | Fee                        | Costs for records |
|---|----------------------------|-------------------|
| A noncertified death record costs \$13  | <b>\$13</b>                | <b>\$13</b>       |
| Added copies are \$6 each if you buy them when you purchase one at \$13.                        | # of added copies<br>x \$6 |                   |
| How do you want us to process your request?   | Fee                        | Choose processing |
| Standard – request processed in the order received  | <b>\$0</b>                 |                   |
| Faster – your request goes ahead of standard requests ( <i>Does not include UPS® delivery</i> ) | <b>\$20</b>                |                   |
| How do you want us to return your document(s)?  | Fee                        | Choose delivery   |
| Regular First-Class Mail®   | <b>\$0</b>                 |                   |
| United Parcel Service (UPS®)  | <b>\$16</b>                |                   |

**For UPS® delivery, check here  to require a signature. The Office of Vital Records and UPS® are not responsible for deliveries that do not require a signature. UPS® will not deliver to PO boxes or APO addresses.**

| Total due   | Total due =  |  |
|---|--|--|
| You must pay the full amount for the noncertified records and services that you ask for.<br><b>Fees are due at the time of application and are non-refundable.</b><br><i>Minnesota Statutes, section 144.226.</i> | <b>Total due =</b><br>\$13 + cost of added copies +<br>processing fee + delivery fee |  |

| How do you want to pay?   |                                    |  |
|---|------------------------------------|--|
| <input type="checkbox"/> <b>Credit card</b><br>MasterCard/VISA/Discover | Cardholder name<br><br>Card number | Valid thru MM/YY<br><br>3-digit security code  |
| <input type="checkbox"/> <b>Check</b>                                   | Check #                            | <b>Make check or money order payable to the Minnesota Department of Health and send by mail with the application. DO NOT SEND CASH.</b><br><br><i>Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.</i><br>Minnesota Statutes, section 604.113, subdivision 2. |
| <input type="checkbox"/> <b>Money order</b>                             | Money order #                      |  |

| Mail or fax your application and payment  |   |
|---|---|
| <b>By mail</b><br>Do not send cash<br>Minnesota Department of Health<br>Office of Vital Records<br>PO Box 64499<br>St. Paul MN 55164-0499 | The Office of Vital Records returns applications that are incomplete or not paid in full at the time of application.<br><br>If we cannot find the record with the information you provide, we will send you a "Statement of No Record Found". |
| <b>By FAX</b><br>Application with credit card information only  | 866-416-1357  |

**If you have questions, contact the Office of Vital Records: [health.vitalrecords@state.mn.us](mailto:health.vitalrecords@state.mn.us) or 651-201-5970.**