



Phone: (218) 726-2559 | Fax: (218) 725-5052

St. Louis County Recorder

Email: birthdeathmarriage@stlouiscountymn.gov

PO Box 157 • Duluth, MN 55801

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.

Information to locate death record:

- Type : [ ] \$13.00 Certified Record WITH Cause of Death
[ ] \$13.00 Certified Record WITHOUT Cause of Death (1997-present)
[ ] \$13.00 Non-certified Record
[ ] \_\_\_ Add'l Copies of Same Record at \$6.00 each

Form with fields: FIRST NAME, MIDDLE NAME, LAST NAME (ON RECORD), SUFFIX, DATE OF DEATH, BIRTH DATE OR AGE AT DEATH, CITY OF DEATH, COUNTY OF DEATH, MOTHER'S NAME, FATHER'S NAME, SPOUSE ON RECORD (IF ANY)

MANDATORY FOR CERTIFIED RECORDS - Check the box below that describes your relationship to the subject of the record:

- Check Box Death certificates available to individuals who meet any of the legal requirements in items 1-14 below
[ ] 1. I am the child of the subject
[ ] 2. I am the parent of the subject
[ ] 3. I am the sibling of the subject
[ ] 4. I am the spouse on the record
[ ] 5. I am the grandparent of the subject
[ ] 6. I am the grandchild of the subject
[ ] 7. I am the party responsible for filing the death record
[ ] 8. I am a personal representative and the certified copy is required for the administration of the estate (Documentation is required)
[ ] 9. 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 (Documentation is required)
[ ] 10. I am a trustee of a trust and the certified copy is required for the proper administration of the trust (Documentation is required)
[ ] 11. I have documentation that the record is necessary for the determination or protection of a personal or property rights (you must submit documentation showing this relationship)
[ ] 12. 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)
[ ] 13. I am an attorney and have attached proof of my licensure
[ ] 14. I am presenting your office with a court order issued by a court of competent jurisdiction (must be a certified copy)
[ ] 15. I represent a local, state or federal government agency and the record is necessary for the governmental agency to perform its authorized duties (you must include a copy of your employee ID)
[ ] 16. I am a representative authorized by a person listed in 1-15 above (you must include a notarized statement from a person listed above)

PENALTIES: Any person who willfully and knowingly provides false information for a certified vital record may be sentenced up to one 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.)

Person completing this application - the requester:

Form with fields: NAME, DATE OF BIRTH, MAILING ADDRESS, APT/UNIT, CITY, STATE, ZIP, DAYTIME PHONE, EMAIL, Signature and Notary (If requesting a Certified Record by mail, fax, or email, application must be signed in front of a notary.) I certify that the information provided on this application is accurate and complete to the best of my knowledge. Requester Signature, Date

Signed or attested before me on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public Signature My commission expires \_\_\_\_\_.

Notary Seal\*

\*If seal is raised and application is to be returned by fax or email, please lightly rub impression with pencil.