



MINNESOTA CERTIFICATE OF DEATH RECORD APPLICATION

This application must be signed in the presence of a notary public or a local registrar. **Ensure that all boxes are completed or your application may be returned.** Questions? please e-mail recorder@lqpc.com or call 320-598-3724

Mail completed application and check payable to: **Lac qui Parle County Recorder, 600 6th St.Ste.4, Madison MN 56256**

PART I: Death Record Subject Information

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF DEATH	DATE OF BIRTH / AGE AT DEATH	CITY/TOWNSHIP & COUNTY OF DEATH
MOTHER'S NAME	FATHER'S NAME	SPOUSE ON RECORD (IF ANY)

- ___ \$13.00 First certified record without cause of death information (only for records filed from 1997 to present)
- ___ \$13.00 First certified record with cause of death information (available for records of all years)
- ___ \$6.00 Each additional copy of the same record issued at the same time

PART II: Applicant Relationship to Decedent Subject (tangible interest)

1. I am the:

<input type="checkbox"/> child of the subject	<input type="checkbox"/> spouse of subject	<input type="checkbox"/> grandchild of the subject
<input type="checkbox"/> parent of subject	<input type="checkbox"/> grandparent of the subject	<input type="checkbox"/> sibling of the subject
2. I am the party responsible for filing the death record.
3. I am a successor of the subject as defined by MN statutes, section 524.1-201, and the certified copy is required for administration of the estate)
4. I am a personal representative and the certified copy is required for the administration of the estate
5. I am a trustee of a trust and the certified copy is for the proper administration of the trust
6. I have documentation that the record is necessary for the determination or protection of personal or property rights **(you must submit documentation reflecting this relationship)**
7. I represent an adoption agency and the record is needed to complete a confidential post-adoption search **(you must submit a copy of your employee ID)**
8. I represent a local, state or federal governmental agency and the record is necessary for the government agency to perform its authorized duties (you must submit a photocopy of your employee ID)
9. I am an attorney and I have attached proof of my licensure
10. I am presenting your office with a **certified copy** court order issued by a court of competent jurisdiction.
11. I am a representative authorized by a person under items #1-10. **(you must submit 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 1 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).

DISCLOSURE: The information requested on this application is required by Minnesota Statutes, section 144.225, subdivision 7 and Minnesota Rules, part 4601.2600.

PART III: Requestor / Applicant Information

Applicant Name: (please print)		(Date of Birth)	
Street Address: (not a P.O. Box)		(Daytime Phone)	
(P.O. Box)	(City)	(State)	(Zip)
I certify that the information provided on this application is accurate and complete to the best of my knowledge and belief		(e-Mail address)	
Requester Signature:			Date / /

IF APPLYING IN PERSON, YOU MUST PRESENT A VALID AND CURRENT FORM OF PHOTO IDENTIFICATION

<p>Signature must be notarized if applying by mail, email or fax.</p> <p>Subscribed and sworn before me this ____ day of _____, 20____ (Seal)</p> <p>_____ (Notary Public Signature) My commission expires: _____</p>	<p style="text-align: center;"><i>For Administrative Use Only</i></p> <p>DL/ID at State of _____</p> <p>DL/ID # _____</p> <p>Officer's Initials _____</p>
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Certificate of Death Fee Worksheet

FEE INFORMATION					
Print name of person applying as it appears on the application:		FIRST	M.I.	LAST	
	Name of DEATH Record SUBJECT:	Quantity Requested	Fee per item	Total	
	One/First certificate for each death record	1	\$13	\$13	
	Additional death certificates for the same subject (optional)		\$6 each	\$	
	Total Amount submitted by mail (personal or bank check, or money order only) (you may also apply by fax or email and call our office with credit card information: see our disclosures on our website at http://lqpc.com/index.php/county-recorder/credit-card-payments/)			\$	

MAKE CHECKS PAYABLE TO: LAC QUI PARLE COUNTY RECORDER, 600 6th Street, Suite 4, Madison, MN 56256

Instructions for Completing the Application for a Death Certificate and Fee Worksheet

Ordering a Certificate of Death from Lac qui Parle County Local Registrar:

- **Minnesota has a standard certificate that contains the following information:**
Decedent's name, date of birth, date of death, gender, city of death, parents' names (and sometimes parents' birth places)
- A separate application must be completed for each individual's death record.
- Your application could be returned for more information if boxes are left incomplete.

Part 1

- Please make sure that all boxes are complete to the best of your knowledge.
- If we cannot positively identify the death record, you will receive a notice that there is not a registration (at the appropriate jurisdiction)

Part II

- You must check **only one** of the relationships in this section.
- Please attach additional documentation of proof when requested on the application.
(Example: Court order)

Part III

- **The person listed in part III is the person applying for the certificate.**
- If you do not have a phone or email address, please enter "none" in that box.
- You must sign the application in the presence of a notary.
- Your signed date and the notary date must be the same.
- The notary stamp must be clear on the application unless your state does not provide a notary stamp or seal.

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