

# Death Certificate Application

*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.*

Death Record Information		
First Name	Middle Name	Last Name
Date of Death	Date of Birth or Age	City and County of Death
Mother's Name	Father's Name	Spouse on Record (if any)

**Please check one of the following:**

- I would like a death certificate **with** cause of death information  
 I would like a death certificate **without** cause of death information (only available for records 1997 to present)

Requester Information				
Name			Date of Birth	
Mailing Address-Street	Apt./Unit#	City	State	Zip
Daytime Phone		Email Address		

<b>What is your relationship to the subject of the record (tangible interest)? You must check one.</b>
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- I am the child of the subject                       I am the parent of the subject                       I am the sibling of the subject  
 I am the spouse on the record                       I am the grandparent of the subject                       I am the grandchild of the subject  
 I am the party responsible for filing the death record  
 I am a personal representative and the certified copy is required for the administration of the estate  
 I am a successor of the subject as defined by statutes, section 524.1-201, and the certified copy is required for the administration of the estate  
 I am a trustee of a trust and the certified copy is required for the proper administration of the trust  
 I have documentation that the record is necessary for the determination or protection of personal or property rights (**you must submit documentation showing this relationship**)  
 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**)  
 I am an attorney and I have attached proof of my licensure  
 I am presenting your office with a court order issued by a court of competent jurisdiction (**this must be a certified copy**)  
 I represent a local, state or federal governmental agency and the record is necessary for the governmental agency to perform its authorized duties (**you must include a copy of your employee ID**)  
 I am a representative authorized by a person listed above (**you must include a notarized statement from a person listed above**)

<b>Signature and Notary (application must be signed in front of a notary if applying by mail, fax, or email)</b>
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*I certify that the information provided on this application is accurate and complete to the best of my knowledge.*

Requester Signature	
Signed or attested before me on: _____ day of _____, 20____	Notary Stamp/Seal
Notary Public Signature	
My Commission Expires:	

**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).

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<b>Requester Name:</b>	<b>Name of the death record</b>
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<b>Fee and Payment Information</b>			
Item	Number Requested	Fee per item	Total
First death certificate	1	\$13	\$13
Additional certificate(s) for the same death record <b>(optional)</b>		\$6 each	
Express Mail delivery <b>(Optional)</b> This is an <b>additional</b> fee that applies only to the method of delivery.		Current Rate	
<b>TOTAL amount submitted or to be charged to credit card</b>			
<b>Type of payment:</b> <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card			
<b>If paying by credit card there will be an additional convenience fee added.</b> <b>MasterCard/VISA/Discover/American Express</b> \$1.00 for transactions less than \$40 and 2.49% for transactions \$40 and over			
<b>If paying by credit card please choose one</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> VISA <input type="checkbox"/> American Express Name on card: _____                      Card Number: _____ 3 digit security code on back of card: _____                      Expiration date: _____			
<b>If paying by check or money order (make payable to Lyon County Recorder)</b> Check/Money Order Number: _____			

Due to high administrative costs, we are unable to issue refunds for overpayment.  
 Checks returned for non-payment will be charged a \$30.00 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

**Send application and payment:**

**BY FAX:** 507-537-7988

**BY EMAIL:** [michelledesmet@co.lyon.mn.us](mailto:michelledesmet@co.lyon.mn.us)

**BY MAIL:**            Michelle DeSmet  
                              Lyon County Recorder  
                              607 West Main Street  
                              Marshall, MN 56258

If you have questions, please contact us at 507-537-6722