LAKE OF THE WOODS COUNTY

RECORDER'S OFFICE

Death Certificate Application

| | btain any Minnesota deatl | | | aw re | quires yo | u to provide | the in | format | ion on th | is form, p | ay the | |
|--|---|-----------------------|------------------------------|------------------------|-------------|------------------|----------------------|---------------------------|-------------|------------------------|--------|--|
| | iired fee, and provide acce | • | | | | | | | | | | |
| | nesota Statutes, section 144.2 | | | | - | | | t 5. | | | | |
| Information about the deceased person - used to locate the requested death record | | | | | | | | | | | | |
| rson | First name (required) | | | Middle name (required) | | | Last name (required) | | | Name suffix | | |
| Deceased Person | Date of death [MM/DD/YYYY] (required) | Date of birth [MM/D | D/YYYY] Or Age City of death | | | ath | h County | | | of death (required) St | | |
| Decea | First parent's name | Sec | ond pare | ent's r | name | | Spous | Spouse on record (if any) | | у) | | |
| Wha | at kind of death certificate | do you want? | | | | | <u> </u> | | | | | |
| | Certified death certificate v | vith cause of deat | h inform | natio | า | | | | | | | |
| | Certified death certificate v | vithout cause of d | eath inf | orma | tion (only | for records | s 1997 t | to toda | y) | | | |
| | Certified VA death certifica | te for Veterans Af | fairs-rel | ated | purposes | | | | | | | |
| | uester - person completing | | | | <u> </u> | | aw | | | | | |
| | Requester name (please p | orint) | | | | | | Date o | of birth (N | IM/DD/YY | YY) | |
| er | | | | | | | | | | | | |
| Requester | Mailing address - UPS will not deliver to PO boxes or AP | | | es. A | pt/Unit # | City | | | State | ZIP Code | | |
| | Daytime phone (10-digit) | | | E | mail | | | | | 1 | | |
| MANDATORY — Mark the boxes that describe your relationship to the deceased person: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 4. | ☐ The spouse on the record | | | | nt of the s | | 5. 🗆 ⁻ | The gran | ndchild of | the subjec | :t | |
| 7. | ☐ Party responsible (licensed mortician or funeral director) for filing the death record | | | | | | | | | | | |
| 8. | ☐ Subject's personal representative; the certified death certificate is required for the administration of the estate | | | | | | | | | | | |
| 9. | ☐ Successor of the subject; the certified death certificate is required for the administration of the estate | | | | | | | | | | | |
| 10. | ☐ Trustee of a trust; the certified death certificate is required for the proper administration of the trust | | | | | | | | | | | |
| 11. | ☐ Determination or protect | ion of a personal or | property | / right | (You must | t submit docu | ımentat | ion shov | ving this r | elationship | o) | |
| 12. | ☐ Adoption agency — to co | mplete post-adoption | on search | n (Emp | oloyee ID r | equired) | | | _ | · | | |
| 13. | ☐ Attorney — my Minnesota | Attorney License Nu | ımber is: | | - | NON-M | 1innesot | a Attorn | ey - attach | copy of lice | ense | |
| | ☐ I am presenting a valid, ce | | | | | | | | - | | | |
| 15. | ☐ Local/state/tribal/federal | governmental ager | ncy (Emp | loyee | ID required | 1) | | | | | | |
| 16. | ☐ I have a signed statemen | t from a person list | ed above | e; it sp | ecifies the | decedent's | full nan | ne (first | , middle, | last) and d | ate of | |
| | death, the signer's relationsh | nip to the subject of | the reco | ord, a | nd authori | zes me to ob | tain the | e certific | cate. | | | |
| 17. | \square I am a representative of the | ne Department of V | eterans | Affairs | s (Best pra | ctice: wait ur | ntil fami | ly has v | erified de | ath record | .) | |
| | this form in front of a No | | | | • | | | | | | | |
| | tify that the information prov | | | | | | | | | | | |
| | to provide false information | _ | - | ou mo | ay be subje | ect to fines, jo | ail time | or both. | Minneso | ta Statutes | 5, | |
| | on 144.227 and section 609.0 | | nd 4. | | | | | Dato | | | | |
| Signature of requester named above Date | | | | | | | | | | | | |
| | | | | | | | | | ying in pe | | | |
| 0 | Signed or attacted hafare m | o on day | of | | | 20 | | Nota | ry stamp/ | seal | | |
| blic | Signed or attested before me on day of, 20 | | | | | | | | | | | |
| / Pu | Printed name of notary public | | | | | | | | | | | |
| Notary Public | Notary public signature My commission expires | | | | | | | | | | | |
| S | | | | | | • | | | | | | |
| | | | | | | | | | | | | |

Death Certificate Application

| Name of person completing this application | | | | | | | | | | |
|---|--|--------------------|-----|--|--|--|--|--|--|--|
| How many certified death certificates do you want? | Fee | Death certificates | | | | | | | | |
| One certified death certificate | \$13 | | | | | | | | | |
| Additional copies are \$6 each if you buy them at the | x \$6 | | | | | | | | | |
| one purchased at \$13. | | | | | | | | | | |
| How many VA death certificates do you want? | Fee | VA certificates | | | | | | | | |
| VA death certificates are for Veterans Affairs related | \$0 | \$0 | | | | | | | | |
| Fees are due with the application and are non-refundable. <i>Minnesota Statutes, section 144.226.</i> Total due | | | | | | | | | | |
| | icate(s) | | | | | | | | | |
| How do you want to pay? | | | | | | | | | | |
| Check # | Make check or money order payable to "Lake of the Woods | | | | | | | | | |
| LI Check | County Recorder" and send by mail with application. DO NOT Money order # Money Checks returned for non-payment will result in a \$30 charge to you. | | | | | | | | | |
| Money order # | | | | | | | | | | |
| ☐ Money | | | | | | | | | | |
| order | You could also face of | | , , | | | | | | | |
| | 2. | | | | | | | | | |
| Send your application and payment to: | | | | | | | | | | |
| Lake of the Woods County Recorder | | | | | | | | | | |
| Suite 280 | | | | | | | | | | |
| 206 8 th Ave SE | | | | | | | | | | |
| Baudette, MN 56623 | | | | | | | | | | |
| We make every effort to process your request the same day it is received. | | | | | | | | | | |
| Please call ahead to ensure the availability of staff to process your in-person request. | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| If you have questions about this form, contact recorder@co.lotw.mn.us or 218/634-1902 | | | | | | | | | | |

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