## LAKE OF THE WOODS COUNTY

## **RECORDER'S OFFICE**

# **Death Certificate Application**

To obtain any Minnesota death certificate, Minnesota law requires you to supply the information on this form, pay the										y the			
requ	ired fee, and provide acce	ptable identificat	ion.										
	esota Statutes, section 144.2							t 5.					
Info	rmation about the deceas	ed person - used					ord						
rson	First name (required)			Middle name (required) Last name (required)				red) Name suffix					
ed be	Date of death [MM/DD/YYYY] (required)	Date of birth [MM/I			D/YYYY] Or Age City of death				County of death (required) State				
Deceased Person				ond parent's name Spc				ouse on record (if any)					
Wha	What kind of death certificate do you want?												
	ertified death certificate v	vith cause of deat	th inforn	natior	າ								
	☐ Certified death certificate <i>with</i> cause of death information (only for records 1997 to today)												
							, 1337	to toda	<b>,</b>				
☐ Certified VA death certificate for Veterans Affairs-related purposes  Requester - person completing this application – this information is required by law													
1104	Requester name (please p				4.011.10.10	oquil cu io y ii		Date o	f birth (M	M/DD/YY	YY)		
Je	Requester name (piease print)												
Requester	Mailing address - UPS will not deliver to PO boxes or APC			es. A	pt/Unit #	City			State	ZIP Code			
Re	Daytime phone (10-digit)			Er	mail								
MAI	NDATORY — Mark the box	es that describe	your rel	lation	ship to th	ne deceased	perso	n:					
1.	☐ A child of the subject	2. 🗆 -	The parer	nt of th	ne subject	3	. 🗆 т	he siblin	g of the s	ubject			
	☐ The spouse on the record  ☐ The grandparent of the subject  ☐ The grandchild of the subject												
7.	☐ Subject's personal representative: the certified death certificate is required for the administration of the estate												
8.	☐ Successor of the subject; the certified death certificate is required for the administration of the estate												
9.	☐ Trustee of a trust; the certified death certificate is required for the proper administration of the trust												
10.	□ Determination or protection of a personal or property right (You must submit documentation showing this relationship)												
11.	$\square$ Adoption agency — to com	nplete post-adoptic	n search	(Empl	oyee ID re	quired)							
12.	☐ Attorney – I represent the	subject, or a perso	n listed i	n item	ns 1-10 abo	ove.	If you	u are a N	ON-Minn	esota atte	orney,		
	My Minnesota Attorney Lice	nse Number is:					attac	h a copy	of your a	attorney li	icense		
13.	☐ I am presenting a valid, certified copy of a U.S. court order (not a subpoena) that orders release of the death certificate to me										o me		
14.	☐ Local/state/tribal/federal	governmental ager	ncy (Emp	loyee I	D required	d)							
15.	$\square$ I have a signed statement	from a person liste	d above;	it spe	cifies the	decedent's fu	ıll name	e (first, m	niddle, las	t) and dat	e of		
	death, the signer's relationsh	-											
	☐ I represent the Departmer						verifie	d death i	record).				
	this form in front of a No												
law	ify that the information prov t <b>o provide false information</b> on 144.227 and section 609.0	to get a death cert	tificate. Y			•	-	-	_	_			
	ature of requester named abo							Date					
								(if apply	ing in per	rson)			
3	Signed or attested before me on day of, 20							Notar	Notary stamp/seal				
Notary Public	Printed name of notary public												
Notary	Notary public signature My commission expires												

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# **Death Certificate Application**

How many certified death certificates do yo	u want?		Fee	Death certificates					
One certified death certificate	\$13								
Extra copies are \$6 each if you buy them at to purchased at \$13.	x \$6								
How many VA death certificates do you war	Fee	VA certificates							
VA death certificates are for Veterans Affairs	\$0	\$0							
Fees are due with the application and are no	on-refundable. Minnesota St	tatutes, section 144.226.	Total due						
	Total due	= costs of death certi	ficate(s	)					
How do you want to pay?									
Check #	Make check or mor	Make check or money order payable to "l							
□ Check	<b>County Recorder</b>	County Recorder" and send by mail wit							
Money order # SEND CASH.									
☐ Money	Checks returned for no	Checks returned for non-payment will result in a \$30 charge to you.							
order	You could also face civil penalties.								
	Minnesota Statutes, se	Minnesota Statutes, section 604.113, subdivision 2.							
Send your application and payment									
Mail your application, check, money order, Lake of the Woods County Record Suite 280 206 8 <sup>th</sup> Ave SE Baudette, MN 56623		to:							
We make every effort to process your request the same day it is received.									
Please call ahead to ensure the availabili	ty of staff to process you	r in-person request.							

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