



# LAKE COUNTY DEATH RECORD APPLICATION – CERTIFICATE OF DEATH

This application must be signed in the presence of a notary public or local registrar.  
If boxes are incomplete, the application may be returned.

<b>PART I: Name on Death Record</b>				
FULL NAME OF DECEDENT (required):			DATE OF DEATH (required):	
PLACE OF DEATH (City, Village, Township):			COUNTY OF DEATH (required):	
DECEDENT'S BIRTH DATE:			DECEDENT'S SPOUSE:	
<b>PART II: Person applying:</b>				
NAME (Please Print)			DATE OF BIRTH	
MAILING STREET ADDRESS (If using a Post Office Box Number you must also include a street address)				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
<b>EMAIL ADDRESS:</b>				
<i>PLEASE MAKE CHECKS PAYABLE TO "LAKE COUNTY VITALS"</i>				
_____ \$13.00 First certified record without cause of death (only for records 1997 to present)				
_____ \$13.00 First certified record with cause of death				
_____ \$6.00 Each additional copy of the same record issued at the same time.				
<b>PART III: What is your relationship to the decedent? (Please check only ONE)</b>				
	I am the child of the subject		I am the spouse of the subject	
	I am the parent of the subject		I am the sibling of the subject	
	I am the grandparent of the subject		I am the grandchild of the subject	
	I am the person responsible for filing the death record			
	I am a personal representative and the certified copy is required for the administration of the estate. (You must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)			
	I am a successor of the subject, as defined in MN Statutes section 524.1-201, and the certified copy is required for the administration of the estate. (You must submit a sworn affidavit of the fact that the certified copy is required for administration of the estate)			
	I am a trustee of a trust and the certified copy is for the proper administration of the trust. (You must submit a sworn affidavit of the fact that the certified copy is needed for the administration of the trust)			
	I am an attorney and I have attached proof of my licensure.			
	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. (please submit a copy of your employee ID)			
	I represent a local, state, or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties. (please submit a copy of your employee ID)			
	I am presenting your office with a court order issued by a court of competent jurisdiction. (Must be a certified copy)			
	I am a representative authorized by a person listed above. (Must have a notarized statement in addition to the application)			
<b>PENALTIES:</b> Any person who willfully and knowingly makes false application for a certified vital record is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227 and section 609.02, subdivision 3 and 4)				
I certify that the information I provided on this application is accurate and complete to the best of my knowledge.				<b>Date:</b>
<b>SIGNATURE:</b>				For Administrative Use Only:
<b>SIGNATURE MUST BE NOTARIZED IF APPLYING BY MAIL</b>				
Signed and attested before me on this _____ day of _____, 20____				<b>DL or ID Number:</b>
_____ (Seal)				<b>INITIALS</b>
<b>My commission expires:</b> _____				<b>EXP DATE</b>
Office Use Only	DCN	Receipt No.	Cash/Check #	Pre MRC