



Noncertified Death Record Transcript Application

*The noncertified transcript is for informational use only.
It will not show an issuance office or issue date.*

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)		
Requester Information				
Name				
Mailing Address – Street	Apt/Unit #	City	State	ZIP
Daytime Phone	Email			

PENALTIES: Any person who willingly and knowingly without authority and with intent to deceive obtains a vital record is guilty of a gross misdemeanor (Minnesota Statutes, section 144.227).

Fee and Payment Information			
Item	Number requested	Fee	Total
One noncertified death transcript		\$13	\$13
Additional noncertified transcript(s) for the same death record (optional)		\$6 each	
Expedite fee (optional) – This is an <u>additional</u> fee that will place your request ahead of non-expedited requests.		\$20	
Overnight shipping delivery (optional) – This is an <u>additional</u> fee that applies only to the method of delivery. <input type="checkbox"/> Please check here to require a signature for delivery. If you do not check this box, no signature will be required for delivery. Overnight shippers will not deliver to P.O. boxes or A.P.O. addresses.		\$16	
Total amount submitted or to be charged to credit card: (This amount must be at least \$13.)			
Type of payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Money order <input type="checkbox"/> Check			

If paying by credit card (MasterCard/VISA/Discover):

Name on card	Card number	Expiration date	3 digit security code
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If paying by check or money order (make payable to Minnesota Department of Health):

Check/money order number

Checks returned for non-payment will be charged a \$30 fee according to Minnesota Statutes, section 604.113, subdivision 2 and civil penalties may be imposed.

Send application and payment:

By MAIL to:

Minnesota Department of Health
Central Cashiering – Vital Records
PO Box 64499
St. Paul, MN 55164-0499

By FAX to 651-201-5740

By EMAIL to health.issuance@state.mn.us

If you have questions, please contact us at health.issuance@state.mn.us.

If you submit this application to a local issuance office, overnight delivery may not be an option. All payment types may not be accepted. Call the local issuance office before sending your application to confirm payment types and return mail options.