

# Death Record Amendment Request

Use this form to request changes or additions to information on a Minnesota death record.

*It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.*

Current death record information (including incorrect items)			
Decedent	Decedent's first name	Decedent's middle name	Decedent's last name
	Decedent's date of death (MM/DD/YYYY)		Decedent's city and county of death
	Decedent's date of birth (MM/DD/YYYY)		Decedent's sex <input type="checkbox"/> Female <input type="checkbox"/> Male
Decedent's date of birth (MM/DD/YYYY)		Spouse's name (if listed on record)	

## What do you want to add or change on the death certificate?

Information on the death certificate (if available):		What is WRONG or MISSING?	What SHOULD the certificate show?
Decedent	Decedent's name	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	
	Last name before first marriage	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	
	Also known as (alias)	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	
	Social security number	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	
	Sex	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	
	Date of birth	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	
	City or county of birth	<input type="checkbox"/> City <input type="checkbox"/> County	
	Date of death	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	
	City, county, or state of death	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	
	Marital status	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	
	Decedent's residence: City, county, or state	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	
	Parent's name	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	
Parent's name	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix		
Items(s) not lists above (see instructions)			
Spouse	Spouse's name	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	
	Spouse's last name before marriage	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	

## Requester information *Documents will be returned to the address given.*

Person completing this form – requester's name – please print			Daytime phone (10-digit)	
Street address (Express delivery will not deliver to PO boxes or APO addresses.)		City	State	Zip code
Email address			Date (MM/DD/YYYY)	

<input type="checkbox"/>	I am requesting the amendment of demographic or legal items for a <b>death that occurred within the last five years</b> . I am presenting <i>documentation to support the requested amendment</i> . The amendment requested on this application is accurate. ( <i>Minnesota Rules, part 4601.2100, subpart 5</i> )
<input type="checkbox"/>	I am requesting the amendment of demographic or legal items for a <b>death that occurred more than five years ago</b> . I am presenting <i>documentation to support the requested amendment</i> . The amendment requested on this application is accurate. ( <i>Minnesota Rules, part 4601.2100, subpart 6</i> ) <b>You must mail your application, payment, and supporting documentation to the Office of Vital Records.</b>
<input type="checkbox"/>	I am the <b>informant</b> named on the death record; the <b>death occurred within the last year</b> . The amendment requested on this application is accurate and I agree to the requested amendment. ( <i>Minnesota Rules, part 4601.2100, subpart 4</i> )

DEATH RECORDS AMENDMENT REQUEST

<b>Requester's name</b>		
<b>REQUIRED – Sign this application in front of a Notary Public</b>		
<i>I certify that the information provided on this application is accurate and complete to the best of my knowledge.</i>		
Person completing this form – requester's signature		Notary stamp/seal
<b>Notary</b>	Signed or attested before me on: _____ day of _____, 20____	
	Printed name of notary	
	Notary public signature	My commission expires
<b>Fees and records request</b>		<b>Fee</b>
Administrative review and processing of amendment request		<b>\$40</b>
<b>Processing</b>		<b>Fee</b>
Standard — request processed in the order received		<b>\$0</b>
Faster — request handled ahead of standard requests <i>(doesn't include express delivery)</i>		<b>\$20</b>
<b>Shipping</b>		<b>Fee</b>
Regular first-class mail		<b>\$0</b>
Express delivery <i>(Check here <input type="checkbox"/> to require a signature.)</i>		<b>\$21</b>
<ul style="list-style-type: none"> <li>▪ <b>The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.</b> Express delivery services will not deliver to PO boxes or APO addresses.</li> <li>▪ For delivery outside the United States, you must supply a <b>prepaid</b> express delivery envelope with your application.</li> </ul>		
<b>Total due</b>		<i>Fees are due with the application and are non-refundable.</i>
<b>Payment method</b>		
<input type="checkbox"/> <b>Credit card</b> MasterCard/VISA/Discover	Cardholder name  Card number	Valid thru (MM/YY)  3-digit code
<input type="checkbox"/> <b>Check</b>	Check #	<b>Make check or money order payable to Minnesota Department of Health. DO NOT SEND CASH.</b> Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties.
<input type="checkbox"/> <b>Money order</b>	Money order#	
<b>Send your application and payment to:</b>		<b>Incomplete requests</b>
<b>Minnesota Department of Health</b> <b>Office of Vital Records</b>  <b>Mail:</b> PO Box 64499, St. Paul, MN 55164-0499  <b>Courier/express delivery:</b> 625 Robert St. N, St. Paul, MN 55155 <i>(no vital-records counter service at this location)</i>		The Office of Vital Records returns applications that are incomplete, not signed in front of a notary public, or not paid in full at the time of application. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.