Drop off or mail to:
Swift County Treasurer
PO Box 207
Benson MN 56215-0207

Death Certificate Application

To obtain any Minnesota death certificate, Minnesota law requires you to provide the information on this form, pay the required fee, and provide acceptable identification. *Minnesota Statutes, section 144.225, subdivision 7, and Minnesota Rules, part 4601.2600, subpart 5.*

Information about the deceased person - used to locate the requested death record

Deceased Person

First name (required)	Middle name (required)	Last name (required)	Name suffix
Date of death [MM/DD/YYYY] (required)	Date of birth [MM/DD/YYYY] OR Age	City of death	County of death (required)	State MN
First parent's name	Second parent's name	Spouse on record (if any)	

What kind of death certificate do you want?

☐ Certified death certificate *with* cause of death information
☐ Certified death certificate *without* cause of death information (only for records 1997 to today)
☐ Certified VA death certificate for Veterans Affairs-related purposes

Requester - person completing this application

Requester

Requester name (please print)				Date of birth (MM/DD/YYYY)
Mailing address - UPS will not deliver to PO boxes or APO addresses.	Apt/Unit #	City	State	ZIP
Daytime phone	Email			

MANDATORY — Check the boxes below that describe your relationship to the deceased person:

1. ☐ A child of the subject
2. ☐ The parent of the subject
3. ☐ The sibling of the subject
4. ☐ The spouse on the record
5. ☐ The grandparent of the subject
6. ☐ The grandchild of the subject
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 protection of a personal or property right *(You must submit documentation showing this relationship)*
12. ☐ Adoption agency — to complete post-adoption search *(Employee ID required)*
13. ☐ Attorney — my Minnesota Attorney License Number is: _____ NON-Minnesota Attorney - affix copy of license
14. ☐ 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
15. ☐ Local/state/tribal/federal governmental agency *(Employee ID required)*
16. ☐ I have a signed statement from a person listed above; it specifies the decedent's full name (first, middle, last) and date of death, the signer's relationship to the subject of the record, and authorizes me to obtain the certificate.
17. ☐ I am a representative of the Department of Veterans Affairs (Best practice: wait until family has verified death record.)

Sign this form in front of a Notary Public if you are applying by MAIL or FAX.

I certify that the information provided on this application is accurate and complete to the best of my knowledge. ***It is against the law to provide false information to get a death certificate****. You may be subject to fines, jail time or both. Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Signature of requester named above	Date (if applying in person)

Notary Public

Signed or attested before me on _____ day of _____, 20_____		Notary stamp/seal
Printed name of notary public		
Notary public signature	My commission expires	

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Death Certificate Application

Name of person completing this application			
How many certified death certificates do you want?		**Fee**	**Subtotals**
One certified death certificate		**$13**	
Additional copies are $6 each *if you buy them at the same time as one purchased at $13*.	# of additional copies	**x $6**	$ 0
How many VA death certificates do you want?	**# VA certificates**	**Fee**	**VA certificates**
VA death certificates are for Veterans Affairs related purposes only		**$0**	**$0**
How do you want your request processed?		**Fee**	**Choose processing**
Standard – request processed in the order received		**$0**	
Faster – your request goes ahead of standard requests *(Does not include UPS delivery)*		**$20**	Enter $0 or $20
How do you want the certificates you ordered delivered to you?		**Fee**	**Choose delivery**
Regular First Class Mail®		**$0**	
United Parcel Service (UPS)		**$16**	Enter $0 or $16

For UPS delivery, check here ☐ to require a signature.
The Office of Vital Records and UPS are not responsible for deliveries that do not require a signature.
UPS will not deliver to PO boxes or APO addresses.
If you want **UPS delivery to an address *outside* of the United States,** you must include a UPS prepaid envelope when you submit your application and fees.

	Amount due **Write in total if filling out by hand**
The amount you pay must cover the certificates and services you requested.	$ 0 Amount due

How do you want to pay? **Fees are due with the application and are non-refundable.** *Minnesota Statutes, section 144.226.*

☐ **Credit card** MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code

☐ **Check**
Check #_____

☐ **Money order**
Money order **#**_____

Payable to Swift County Treasurer and sent by mail with application
Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties. *Minnesota Statutes, section 604.113, subdivision 2*.

Send your application, check, money order, or credit card information

County Vital Records Office

Mail payment and application to:

Swift County Treasurer PO Box 207
Benson, MN 56215-0207

****A Convenience fee will be charged for credit and/or debit card charges.****

If you have **questions about this form**, contact treasurer@co.swift.mn.us or 320-843-3544.