POLK COUNTY **DEATH** CERTIFICATE APPLICATION

FULL NAME OF DECEDENT (REQUIRED)	**DATE OF DEATH (REQUIRED)**
PLACE OF DEATH (CITY, VILLAGE, TOWNSHIP)	**COUNTY OF DEATH (REQUIRED)**
DECEDENT'S AGE/BIRTH DATE	**DECEDENT'S SPOUSE**

____$13.00 Certified record **without** cause of death (**only** for records 1997 to present)
____$13.00 Certified record **with** cause of death
____$13.00 Non-certified Record
____$ 6.00 Each additional copy of the same record issued at the same time

ADDRESS
POLK COUNTY RECORDER
P.O. BOX 397
Crookston, MN 56716
(218) 281-3464
Send check or money order ONLY

TANGIBLE INTEREST REQUIRED FOR A CERTIFIED COPY: Only one item must checked

1. I am the: _____child of the subject _____spouse of the subject _____sibling of the subject
   _____parent of the subject _____grandparent of the subject _____grandchild of the subject

2. ___ I am the party responsible for filing the death record.
3. ___ I am the personal representative and the certified copy is required for the administration of the estate. **(Must submit documentation showing this relationship)**
4. ___ 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.
5. ___ I am the trustee of a trust and the certified copy is required for the proper administration of the trust. **(Must submit documentation showing this relationship)**
6. ___ I have documentation that the record is necessary for the determination or protection of personal or property rights. **(Must submit documentation showing this relationship)**
7. ___ I represent an adoption agency and the record is needed to complete a confidential post-adoption search. **(Must include a copy of your employee ID)**
8. ___I represent a local, state or federal governmental agency and it is necessary to secure a certified copy for authorized agency duties. **(Must include a copy of your employee ID)**
9. ___ I am an attorney and my proof of licensure is attached.
10. ___ I am presenting your office with a court order issued by a court of competent jurisdiction. **(Must submit certified court order)**
11. ___ I am a representative authorized by a person under items #1 – 10. **(Must have a notarized statement in addition to application)**

PENALTIES: Any person who willfully and knowingly makes false application for a certified vital record may be sentenced up to 1 year in jail or a fine of up to $3000 or both (MN Statutes section 144.227, and section 609.02 subdivision 3 and 4).

THE FOLLOWING INFORMATION IS ABOUT THE PERSON COMPLETING THIS APPLICATION

Your name: _____Date of Birth_____
(FIRST) (MIDDLE) (LAST)

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Your Signature _____Date _____

Your Address _____ Daytime Phone _____

_____
(City) (State) (Zip)

NOTARY
Only requests for CERTIFIED copies require notarization if applying by mail or fax.

Subscribed and sworn before me this _____ day of _____, 20_____

_____, My commission expires: _____20 _____

(Seal)

For Administrative Use Only ID Viewed _____ Initials _____ Cash _____ Check No._____

2/27/18