

Death Record Amendment Packet

INSTRUCTIONS – SUPPORTING DOCUMENTS - APPLICATION

Anyone may request an amendment to a death record. "Amendment" means completion or correction of items (other than the cause and manner of death) that print on a death certificate. You may **add** missing information (like a middle name or name suffix), or **change** information (like a wrong date of birth or a spelling error). To request a death record amendment, fill out the Death Record Amendment Application form and pay the required fee. You may need to provide documents to support your request for amendment.

The headings below correspond to the sections found on the Death Record Amendment Application found on pages seven and eight of this document.

What does the death certificate show now?

Fill out the Decedent section with the information that shows on the death certificate **now** even if it is incorrect. The information helps the vital records office to locate the correct death record.

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

The second column on the left shows the names of the items that print on a death certificate, *if they are available*. The center column, "What is WRONG or MISSING?" contains check boxes. In the example below, the requester checked decedent's first name, alias, and sex as wrong or missing, and listed the correct information under "What **SHOULD** the certificate show?" Check the items that are wrong or missing in the center column and write the correct information in the right-most column. Your application should look similar to the example below.

What shows on the death certificate now?				
Decedent	Decedent's first name PAINED	Decedent's middle name LADY VANESSA	Decedent's last name CARDUI	Name suffix
	Decedent's date of death 06/16/2018	Decedent's city and county of death WOODBURY, WASHINGTON	Decedent's sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Decedent's date of birth 07/23/2017
	Spouse's name (if listed on record)			
What do you want to add or change on the death certificate?				
These items print on the death certificate if they are available :		What is WRONG or MISSING?	What <i>SHOULD</i> the certificate show?	
DECEDENT	DECEDENT First name, middle name, last name, name suffix	<input checked="" type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	PAINTED	
	LAST NAME BEFORE FIRST MARRIAGE	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What <i>SHOULD</i> the certificate show?	
	ALSO KNOWN AS (Alias)	<input type="checkbox"/> Wrong <input checked="" type="checkbox"/> Missing	BUTTERFLY	
	SEX	<input checked="" type="checkbox"/> Wrong <input type="checkbox"/> Missing	FEMALE	
	BORN (Date of birth)	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	What <i>SHOULD</i> the certificate show?	
	ITEM(S) NOT LISTED ABOVE (See instruction sheet)	What do you want to add or change?	What <i>SHOULD</i> the death record show?	

If you want to change:

- *Cause or manner of death*, contact the medical certifier named on the death certificate. The medical certifier or the medical examiner in the county of death must approve requests to change the cause or manner of death.
- *An item not shown on the death certificate*, complete the row titled ITEM(S) NOT LISTED ABOVE.

Person completing this form – the requester

Complete this section so that we can send your documents back to you or contact you if we have questions.

You (the requester) must check one box below

If the death occurred within the last five years, mark the first box.

If the death occurred more than five years ago, mark the second box.

Mark the third box if you are the informant. The informant is the person who gave death certificate information to the funeral home for the person who died. You may request a death record amendment within a year of the date of death without providing supporting documents.

- If you mark the first or second box, you must provide documents with your application. The documents must show why you are requesting changes to the death record. Pages 5 and 6 explain what supporting documents are, and what vital records offices can accept.

REQUIRED – Sign this application in front of a Notary Public

Do not sign the application until you are in front of a notary public. Mailbox shops, copy services, banks and some libraries often provide notary services to the public. The notary will check your identification and watch you sign and date the application. Then, the notary will mark the application with a stamp (or a "seal") and sign the application. A notarized application shows the vital records office that you are who you say you are.

For more information, see:

- [Notary information \(www.health.state.mn.us/people/vitalrecords/notary.html\)](http://www.health.state.mn.us/people/vitalrecords/notary.html) on the Minnesota Department of Health website or,
- [Find a Notary \(https://notary.sos.state.mn.us/Search/SearchForNotary\)](https://notary.sos.state.mn.us/Search/SearchForNotary) on the Office of the Minnesota Secretary of State website.

Death record amendment fee

You must pay a fee to amend a Minnesota death record. The fee for the amendment of any vital record is \$40 and is the same at all vital records offices in Minnesota. The fee is due with the amendment application and is not refundable. *Minnesota Statutes, section 144.226.*

If you want a new death certificate after the amendment, you must complete a [Death Certificate Application and Instructions \(www.health.state.mn.us/people/vitalrecords/docs/dcappia.pdf\)](http://www.health.state.mn.us/people/vitalrecords/docs/dcappia.pdf) and pay the required fee.

Do you want standard or faster processing?

The Office of Vital Records (OVR) offers 'standard' or 'faster' processing:

- **Standard processing** - OVR handles amendment requests in the order that we receive them. If you want standard processing, enter \$0 on the application under 'Choose processing fee'.
- **Faster processing** – OVR moves your request ahead of standard requests for a \$20 fee. If you want faster processing, enter \$20 on the application under 'Choose processing fee'. *Faster processing does not include UPS® delivery.*

County vital records offices may offer same day service.

How do you want us to send your documents back to you?

OVR will send your supporting documents back to you by regular mail unless you choose UPS® delivery.

If you want UPS® delivery to an address in the United States, enter \$16 on the application under 'Choose delivery fee'. Check the box to require a signature for UPS delivery.

If you want OVR to send your documents to an **address outside** of the United States, you must include a UPS® prepaid envelope when you submit your application, supporting documents and fees.

If you take or mail your application to a county vital records office, check with that office to find out how they will return your documents and what they charge.

How do you want to pay?

Mark the box that shows how you will pay for the services you chose. You must pay the amendment fee when you submit your application. Fees are not refundable. Vital records offices will not process amendments without payment.

You may pay the Office of Vital Records by credit card (MasterCard, VISA and Discover); fill in the cardholder name, card number, expiration date (Valid thru) and 3-digit security number. If you pay by check or money order, make the check or money order payable to the Minnesota Department of Health. Write your check number or your money order number in the space on the amendment application.

If you take or send your application and supporting document(s) to a county vital records office, check with the county vital records office for their payment options. County vital records offices may not accept credit card payments.

Send your application, supporting documentation and payment

The Office of Vital Records (OVR) accepts applications by mail. We do not have walk-in service. Mail the application form, payment, and supporting documentation to the address on the Death Record Amendment form.

Our office does not accept faxed supporting documents. You may fax us an application with credit card information when supporting documentation is not required.

If the death occurred more than five years ago **or** your amendment request is for an item that does not print on the death certificate, you must mail your application, payment and supporting documentation to the Office of Vital Records.

County vital records offices process death record amendments for deaths that occurred within five years of the date of death.

DEATH RECORD AMENDMENT APPLICATION FORM INSTRUCTIONS

If you have questions about this information, call 651-201-5970 or email health.vitalrecords@state.mn.us.

Si necesita ayuda en español, por favor llame 651-201-5970.

Yog koj tsis muaj peev xwm to taub daim ntawv no thiab xav tau kev pab, thov hu rau 651-201-5970 thiab nug kom tau ib tus neeg txhais lus.

Haddii aysan kuu suurtoqaleynin in aad fahamtid warqadaan oo aad rabi laheyd caawin, fadlan soo wac 651-201-5970 oo weydii turjubaan.

Supporting Documents

One document is required to add missing information or change existing information on a death record. You may need to provide more than one document depending on what you want to amend and what your document shows.

Each document must:

1. Show the item you want to add or change *exactly as you want it to appear on the death certificate*, **AND**
2. Show at least two items that match what is on the death certificate already *that you are not asking to have changed*, **AND**

Documents must be	What does this mean?
Legible	Letters and words can be identified; document is sharp – not blurred or smeared
Unmodified	No erasures; nothing crossed out; no correction tape or fluid
Original	Actual passport or certificate of naturalization (not copies)
Certified	Birth, death or marriage certificates, military discharge forms, and court orders must be issued by a government office – certified documents usually have a stamp or seal on them
Authenticated	Copies of hospital records, clinic records, school records, social services records that are authenticated Authenticated means an employee from the place giving you the record <i>declares in writing</i> that the document they are providing you is a true and accurate copy of the record on file. At minimum, the document must list the name and address of the organization and be signed and dated by an employee of the organization.
In English	Supporting documentation must be in English or translated into English. A qualified translator must translate documents in other languages (birth certificates, marriage certificates, and other records) into English; the translator must sign the translation in front of a notary public.

Acceptable Supporting Documents

An acceptable supporting document must show the [item](#) you want amended as you want it to print on the certificate *after the amendment*. The document must also display at least two other items that match the death record. We will accept the documents listed below if they meet the requirements on the page above **and** the information supports the requested amendment:

- Certified copy of a marriage certificate
- Certified copy of a birth certificate
- Divorce decree
- Notarized statement from a person who was present at the death and can verify the accuracy of a requested change to the date or place of death
- Legal description of the place of death that has been properly recorded with the county recorder
- Numident record from the Central Social Security Administration Office in Baltimore, MD
 - Freedom Of Information Act (FOIA) Your Access To Social Security Administration Information (<https://www.ssa.gov/foia/request.html>)
- Court order that instructs a registrar to make the requested change (see below)

Court Orders

Court orders must:

- Clearly identify the death record by showing the first and last names of the decedent as they appear on the death certificate
- Specify the decedent's date of death or date of birth
- List how the item(s) appear on the death record *before* the amendment
- List how the item(s) should appear on the death record *after* the amendment

If the court-ordered changes are the only changes you want, you do not need to submit any other documents. Changes to the death record are limited to what the court order specifies. If you are requesting changes *that are not instructed* in the court order, you must submit additional documentation.

Other Documents Considered

If you cannot provide one of the documents listed above, the state registrar will consider other documents. Send the Death Record Amendment Application that you have signed in front of a notary, the documents that you *can* provide, and the \$40 amendment fee to:

Minnesota Department of Health
Office of Vital Records
P.O. Box 64499
St. Paul, MN 55164-0499

Death Record Amendment Application

Use this form to request changes or additions to the decedent's personal, or date and place of death information.

"Amendment" means a change made to demographic and legal items on a death record after the purchase of a death certificate, or more than one year after the event, whichever occurs first.

What shows on the death certificate now?				
DECEDENT	Decedent's first name	Decedent's middle name	Decedent's last name	Name suffix
	Decedent's date of death <small>(MM/DD/YYYY)</small>	Decedent's city and county of death		Decedent's sex <input type="checkbox"/> Female <input type="checkbox"/> Male
	Spouse's name (if listed on record)			

What do you want to add or change on the death certificate?			
These items print on the death certificate if they are available:	What is WRONG or MISSING ?	What SHOULD the certificate show?	
DECEDENT	DECEDENT (First name, middle name, last name, name suffix)	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	What SHOULD the certificate show?
	LAST NAME BEFORE FIRST MARRIAGE	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?
	ALSO KNOWN AS (Alias)	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?
	SOCIAL SECURITY NUMBER	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?
	SEX	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?
	BORN (Date of birth)	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	What SHOULD the certificate show?
	PLACE OF BIRTH (City, county)	<input type="checkbox"/> City <input type="checkbox"/> County	What SHOULD the certificate show?
	DATE OF DEATH	<input type="checkbox"/> Month <input type="checkbox"/> Day <input type="checkbox"/> Year	What SHOULD the certificate show?
	PLACE OF DEATH (City, county, state)	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	What SHOULD the certificate show?
	MARITAL STATUS	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?
	RESIDENCE [Decedent] (City, county, state)	<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	What SHOULD the certificate show?
	PARENT (First name, middle name, last name, name suffix)	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	What SHOULD the certificate show?
	PARENT (First name, middle name, last name, name suffix)	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	What SHOULD the certificate show?
ITEM(S) NOT LISTED ABOVE (See instruction sheet)	What do you want to add or change?	What SHOULD the death record show?	
SPOUSE	SPOUSE (First name, middle name, last name, name suffix)	<input type="checkbox"/> First <input type="checkbox"/> Middle <input type="checkbox"/> Last <input type="checkbox"/> Suffix	What SHOULD the certificate show?
	LAST NAME BEFORE FIRST MARRIAGE	<input type="checkbox"/> Wrong <input type="checkbox"/> Missing	What SHOULD the certificate show?

Person completing this form – the requester			
Person completing this form – requester's name – please print			Daytime phone (10-digit)
Mailing address – street (UPS will not deliver to PO boxes or APO addresses.)		City	State ZIP Code
Email address			Date (MM/DD/YYYY)

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

It is against the law to provide false information to amend a vital record. You may be subject to fines, jail time or both. *Minnesota Statutes, section 144.227 and section 609.02, subdivisions 3 and 4.*

Death Record Amendment Application

Use this form to request changes or additions to the decedent's personal, or date and place of death information.

Requester's name		
REQUIRED – Sign this application in front of a Notary Public		
<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	
Signed or attested before me on: _____ day of _____, 20_____		
Printed name of notary		
Notary public signature		
My commission expires		
Death record amendment fee		
The fee for administrative review and processing of an amendment request for any vital record is \$40 . <i>The \$40 fee does not cover the cost of a new death certificate.</i>	\$40	
Do you want standard or faster processing?		
Standard – your request processed in the order received - \$0	Choose processing fee Enter \$0 or \$20	
Faster - your request goes ahead of standard requests - \$20 <i>The \$20 fee does not include UPS delivery (see below)</i>		
How do you want us to send your documents back to you?		
Regular First Class Mail® - \$0	Choose delivery fee Enter \$0 or \$16	
United Parcel Service (UPS®) - \$16		
For UPS® delivery, check here <input type="checkbox"/> 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.		
Fees are payable at the time of application and are nonrefundable. <i>Minnesota Statutes, section 144.226</i>		
Amount due = \$40 + Processing + Delivery		
At least \$40		
How do you want to pay?		
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name	Valid thru MM/YY
	Card number	3-digit security code
<input type="checkbox"/> Check Check # _____		Make your check or money order payable to the Minnesota Department of Health and send it by mail with the application. Do not send cash. Checks returned for non-payment will result in a \$30 charge to you. You could also face civil penalties. <i>Minnesota Statutes, section 604.113, subdivision 2.</i>
<input type="checkbox"/> Money order Money order # _____		
If you have questions , contact us at health.vitalrecords@state.mn.us or 651-201-5970.		
Send application, payment and supporting documents to the Office of Vital Records OR a County Vital Records Office		
Mail application, supporting documents (if required), check, money order, or credit card information (do not send cash) to: Fillmore County Auditor/Treasurer Attn: Vital Statistics PO Box 466 Preston, MN 55965 Ph: 507-765-3811		<i>If you need your document quickly, take this application to a county vital records office. County vital records offices may not offer the payment options and services shown above.</i> <i>If you send your application and payment to a county vital records office, call the office first to confirm payment and delivery options.</i>
FAX your application and credit card information to MDH at 507-765-2803 ONLY if supporting documents are NOT required.		County Vital Records Offices Information https://www.health.state.mn.us/people/vitalrecords/registrars.html

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.