MN Vital Records/Death Certificate Information Sheet

Thank you in advance for helping us gather information about your loved one to aid in filing a death record with the State of MN. We know this may be a difficult time, and we appreciate you completing this form in its entirety and returning it to us as soon as possible.

Information about the Deceased Person:

First Name:_____

Middle Name:_____

Last Name:_____

Last Name Before 1st Marriage (Maiden Name):_____

Suffix:_____

Other Name Person Did Business As:_____

Gender: Unknown

Social Security #: __ __ __ - __ __ - __ __ __

Date of Death:_____

Time of Death:_____

Date of Birth:_____

County of Birth:_____

Location of Birth (city/state):_____

Decedent's Residence:

Street Address:_____

City:_____

County:_____

Zip Code:_____

Inside City Limits? No

Education Level: Doctorate (e.

US Armed Forces? Unknown

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Branch of Military: Other

Decedent's Occupation:

Usual Occupation:_____

Kind of Business/Industry:_____

Race/Ethnicity:

Hispanic Origin: Other

Race: Other R

Marital Status:

Marital Status: Unobtainable

Spouse's First Name:_____

Spouse's Middle Name:_____

Spouse's Last Name: _____

Spouse's Last Name Prior to 1st Marriage (Maiden):_____

Suffix:_____

Decedents Parents:

Father's First Name:_____

Father's Middle Name:_____

Father's Last Name:_____

Suffix:_____

Mother's First Name:_____

Mother's Middle Name:_____

Mother's Last Name Prior to 1st Marriage (Maiden):_____

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Information About the Person Completing This Document:

Name:_____

Street Address:_____

City/State/Zip Code:_____

Relationship to Deceased:_____

Cell Phone:_____

Email: _____

Medical Information:

Physician of Deceased:_____

Clinic Name:_____

City/State:_____

Phone #:_____

Final Resting Place:

Final Disposition: Other

Cemetery Name:_____

Cemetery Location:_____

Location of Death:

Place of Death: Other

Facility Name:_____

Street Address:_____

City/State/Zip Code:_____

County:_____

With Deepest Sympathy, Thank you!