Funeral Home Application to Amend a Death Record

Submit application to your local issuance office
OR by fax, email or mail to the Office of Vital Records.

Death Record Information

First Name	Middle Name	Last Name
Date of Death	☐Male ☐Female	Date of Birth or Age
City and County of Death	Spouse's Name (if listed on record)	

Information to be Amended

Please check only the item(s) to be changed or added and write in the correct information.

Decedent			
☐First Name		☐Date of Death	
☐Middle Name		☐City of Death	
☐Last Name		☐County of Death	
☐Sex		☐Social Security No.	
☐Date of Birth			
Mother		**Father**	
☐First Name		☐First Name	
☐Middle Name		☐Middle Name	
☐Last Name		☐Last Name	
Spouse		**Other - Specify Item(s)**	
☐First Name		☐	
☐Middle Name		☐	
☐Last or Maiden Name		☐	

Requester Information

I attest that I am an authorized representative of the funeral establishment that filed the death record and that the informant has approved the requested amendment, as required by Minnesota Rules, part 4601.2100, subpart 3.

Signature			Date
Name	Funeral Home		
Mailing Address – Street	City	State	ZIP
Daytime Phone	Email		

Payment and Submission

A $40 fee is required to request an amendment to a vital record.
First new death certificate is $13 and each additional copy of the same record is $6.

Check if requesting new certificates : ☐Fact of death ☐Fact and cause of death Number of copies:

☐Payment is included **(If sending to the Office of Vital Records, the fee is payable at the time of application.)**	☐Invoice **(This option is available only at local issuance offices that allow invoicing)**

If paying by credit card (MasterCard/VISA/Discover):

Name on card	Card number	Expiration date	3 digit security code

Office of Vital Records: Fax: 651-201-5740 Email: health.issuance@state.mn.us

Mail: Minnesota Department of Health – Central Cashiering – Vital Records, PO Box 64499, St. Paul MN 55164-0499

PENALTIES: Any person who willingly and knowingly supplies false information used in the preparation of this amendment is guilty of a misdemeanor or gross misdemeanor (Minnesota Statutes, section 144.227).

REV 1/2014