REQUEST FOR CERTIFIED COPY OF A DEATH RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES
VITAL RECORDS UNIT
SFN 5531 (10-2025)

PLEASE PRINT - ALL ITEMS MUST BE COMPLETED AND LEGIBLE TO LOCATE AND IDENTIFY THE RECORD

1. Full Name of Deceased		2. Sex ☐ Male ☐ Female
3. Date of Death (Month, Day, Year)	4. Place of Death (City, Township or County)	5. Date of Birth
6. Full Name of Father (First, Middle, Last)	7. Full Name of Mother	

8. Number of Certified Copies Requested **($15.00 - 1st copy; $10.00 for each additional)**	9. Fees: **(Check or Money Order)**
_____ Full (Contains Cause of Death and SSN - for Life Insurance and Veteran's Administration) _____ Facts of Death (Contains SSN, no Cause of Death - For Financial Institutions) _____ Informational (Contains no Cause of Death or SSN - For General Public)	**$** _____ **.00**

10. Is this for genealogy/family history?
☐ Yes ☐ No (Not available for deaths occurring after 2007)

11. Requestor Relationship to Person on Line 1*
☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Grandchild ☐ Genetic Sibling ☐ Funeral Director
☐ General Public (Informational Only) ☐ Licensed Attorney (Facts of Death Only) ☐ Other:_____
☐ Authorized Representative (include Court Order)

(*) NDCC 23-02.1-27 (2) *- A certified copy of a complete death record may be issued to a relative, an authorized representative, the child fatality review board, a licensed physician, or a genetic sibling for the purposes of researching family medical history,a funeral director reporting the facts of death,or a person with personal or real property interests that depend upon information contained in a complete death record or by the order of a court of competent jurisdiction and may include the cause of death and the social security number. A certified copy of the facts of death record that includes the facts of death and a social security number may be issued to any person that may obtain a certified copy of a complete death record or to any licensed attorney who requires the copy for a bona fide legal determination. A certified copy of an informational death record may be issued to the general public, but the copy may not contain the cause of death or the social security number.*

Requestor Signature	Date Signed
Requestor Printed Name	Daytime Telephone Number ( )
Mailing Address	Apartment Number

City	State	ZIP Code

Shipping Options: (First Class Mail is the no cost default)
☐ First Class Mail ☐ FedEx - $25 (Add $5 for AK or HI) ☐ UPS - $30
☐ FedEx/UPS International - $100 ☐ Waive Signature - FedEx or UPS

IDENTIFICATION REQUIRED *- Requestor must submit A) One **Primary** form of ID;* **OR** *B) Two **Secondary** forms of ID;* **OR** *C) Submit a **Notarized** application. (Choose A or B or C) - Acceptable forms of identification listed on back of the form)*

Date Subscribed and Sworn Before Me	My Commission Expires	SEAL
County	State	
Signature of Notary Public		

Warning *- NDCC 23-02.1-32(c) Penalties. Any person who willfully or knowingly uses or attempts to use or to furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended or mutilated shall be guilty of a class C felony.*

PLEASE DO NOT ENTER ANYTHING BELOW THE LINE - THIS PORTION FOR OFFICIAL VITAL RECORDS UNIT USE ONLY

Identification Verified	Fee Received

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A DEATH RECORD

The Vital Records Unit can issue copies of death certificates only for deaths that occurred in North Dakota. We have records on file starting with 1881 to the present.

Proof of identification must be submitted by the requestor before we can issue a certified copy of a death record. The requestor must submit legible copies of either A) One **PRIMARY** form of ID; or B) Two **SECONDARY** forms of ID; or C) Submit a **NOTARIZED** form. Specific instructions are below for each option:

A) **PRIMARY** Identification options: (Must show Name, Date of Birth and Expiration Date. If this information is listed on opposite sides of the ID, then we need a copy of both sides of the ID)

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

B) Two **SECONDARY** Identification options:

1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address
7. Tribal Enrollment Record - Issued by a Native American Tribe. Must contain Date of Birth.
8. DD Form 214 - Certificate of Release or Discharge from Active Duty

C) Submit a **NOTARIZED** form:

1. Requestor MUST sign and date the form in the presence of a Notary Public.
2. The Notary Public must complete all five notary fields on the front of the form.
3. The Notary Public must sign the form and affix their notary seal in the space provided.

The fee for a search of the files is $15; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are $10 each. **Please make your check or money order payable to ND DHHS**. We will issue a certified raised-seal paper copy for each copy requested. Once received in our office, copies are usually mailed in 3 to 5 business days **(this does not include the mailing time).** Certified copies **CANNOT** be faxed or emailed.

The certified copies will be sent by USPS First Class Mail unless you specify and include the additional funds for expedited shipping options. Copies to be sent by Federal Express* or UPS* are processed the same day, provided the request is in our office by 10:00 a.m. Central Time, otherwise they will be processed the next business day. **(*) - Federal Express and UPS cannot be used to send to U.S. PO Boxes.**

This form may be completed and **mailed** with fees to:

Department of Health and Human Services
Vital Records
600 East Boulevard Ave. Dept. 325
Bismarck, ND 58505-0250

Our web page is at: www.hhs.nd.gov/vital

For questions, call our office at (701) 328-2360 or e-mail us at vitalrec@nd.gov.