DEPARTMENT OF HEALTH

Death Record Amendment Packet

Any corrections or additions to a death record require an amendment when the changes happen after a death certificate has been purchased OR after a year has passed since the death. Within one year of the death, informants — the people who provided death record information to the funeral home for the decedent — may request changes to the death record without any supporting documents. Fill out the form below to request an amendment to a Minnesota death record.

Indicate the information you want to amend in the section of the form shown below. Check the appropriate boxes to show which items are wrong or missing. Write the correct information in the right-most column.

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 ☐ Female ☒ 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 *SHOULD* the certificate show?**
DECEDENT	DECEDENT First name, middle name, last name, name suffix	☒ First ☐ Middle ☐ Last ☐ Suffix	**PAINTED**
	LAST NAME BEFORE FIRST MARRIAGE	☐ Wrong ☐ Missing	What *SHOULD* the certificate show?
	ALSO KNOWN AS (Alias)	☐ Wrong ☒ Missing	**BUTTERFLY**
	SEX	☒ Wrong ☐ Missing	**FEMALE**
	BORN (Date of birth)	☐ Month ☐ Day ☐ Year	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?

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.

Supporting documents

Amendments require supporting documentation. You must provide at least one supporting document to make changes to a death record. You may need to give us more than one document depending on what you want to amend and what your document shows. **We will return your original documents when we finish processing your request.**

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.4*

Documents need to show at least two items from this list:

- subject's last name
- subject's date of birth
- subject's place of birth
- a parent's name
- a parent's date of birth
- a parent's place of birth

Documents must be	What does this mean?
Legible	We can make out the letters and words; the document is sharp – not blurred or smeared
Unmodified	No erasures: nothing crossed out; no correction tape or fluid
Original	No copies – must provide, for instance, actual passport or certificate of naturalization
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	Authenticated means an employee from the place giving you the copy *declares in writing* that the document is a true and exact copy of the record on file. At minimum, the document must list the name and address of the organization, and an employee of the organization must sign and date it.
In English	Documents must be in English or translated into English. A qualified translator must translate the document and sign it in front of a notary public.

Acceptable supporting documents

The Office of Vital Records accepts the documents listed below and may determine other documents are acceptable. Documents must meet all the requirements above and support the requested amendment.

- Certified (government issued) 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, for example, a deed or property tax statement
- Numident record (https://secure.ssa.gov/poms.nsf/lnx/0203325025) from the U.S. Social Security Administration
- Certified court orders from a U.S. court that instruct a registrar to make the requested change and:
  - Show the decedent's name as it currently appears 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 send us any other documents. Our office can only make changes that the court order specifies. If you are requesting changes *that the court order does not instruct our office to make,* you must give us other documentation.

Please note

- Fees are not refundable.
- To request an amended death certificate, visit the Death Certificates page on our website or visit a county vital records office. Death certificates are issued only to individuals who are eligible under the law.
- 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.
- Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.
- Be sure to sign the application in front of a notary public. See the Minnesota Secretary of State web site for help finding a notary.

If you have questions, contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.

Death Record Amendment Request

Use this form to request changes or additions to information on a Minnesota death record.

It's illegal to give false information to amend a vital record, and it may subject you to fines, jail time, or both.

Current death record information (including incorrect items)

Decedent	Decedent's first name	Decedent's middle name	Decedent's last name	Name suffix
	Decedent's date of death (MM/DD/YYYY)	Decedent's city and county of death		Decedent's sex ☐ Female ☐ Male
	Decedent's date of birth (MM/DD/YYYY)	Spouse's name (if listed on record)		

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

	Information on the death certificate (if available):	What is WRONG or MISSING?	What *SHOULD* the certificate show?
Decedent	Decedent's name	☐ First ☐ Middle ☐ Last ☐ Suffix	
	Last name before first marriage	☐ Wrong ☐ Missing	
	Also known as (alias)	☐ Wrong ☐ Missing	
	Social security number	☐ Wrong ☐ Missing	
	Sex	☐ Wrong ☐ Missing	
	Date of birth	☐ Month ☐ Day ☐ Year	
	City or county of birth	☐ City ☐ County	
	Date of death	☐ Month ☐ Day ☐ Year	
	City, county, or state of death	☐ City ☐ County ☐ State	
	Marital status	☐ Wrong ☐ Missing	
	Decedent's residence: City, county, or state	☐ City ☐ County ☐ State	
	Parent's name	☐ First ☐ Middle ☐ Last ☐ Suffix	
	Parent's name	☐ First ☐ Middle ☐ Last ☐ Suffix	
	Items not listed above (see instructions)		
Spouse	Spouse's name	☐ First ☐ Middle ☐ Last ☐ Suffix	
	Spouse's last name before marriage	☐ Wrong ☐ Missing	

Requester information *Documents will be returned to the address given.*

Person completing this form – requester's name – please print			Daytime phone (10-digit)
Street address (Express delivery will not deliver to PO boxes or APO addresses.)	City	State	Zip code
Email address			Date (MM/DD/YYYY)

☐ I am requesting the amendment of demographic or legal items for a ***death that occurred within the last five years***. I am presenting *documentation to support the requested amendment*. The amendment requested on this application is accurate. (*Minnesota Rules, part 4601.2100, subpart 5*)

☐ I am requesting the amendment of demographic or legal items for a ***death that occurred more than five years ago***. I am presenting *documentation to support the requested amendment*. The amendment requested on this application is accurate. (*Minnesota Rules, part 4601.2100, subpart 6)*
You must mail your application, payment, and supporting documentation to the Office of Vital Records.

☐ 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. (*Minnesota Rules, part 4601.2100, subpart 4)*

Requester's name	
REQUIRED – Sign this application in front of a Notary Public	
I certify that the information provided on this application is accurate and complete to the best of my knowledge.	
Person completing this form – requester's signature	Notary stamp/seal
Notary Signed or attested before me on: day of , 20	
Printed name of notary	
Notary public signature / My commission expires	

Fees and records request	**Fee**	
Administrative review and processing of amendment request	**$40**	**$40**
Processing	**Fee**	
Standard — request processed in the order received	**$0**	
Faster — request handled ahead of standard requests *(doesn't include express delivery)*	**$20**	
Shipping	**Fee**	
Regular first-class mail	**$0**	
Express delivery *(Check here ☐ to require a signature.)*	**$21**	

- **The Office of Vital Records and the express delivery service are not responsible for deliveries that do not require a signature.** Express delivery services will not deliver to PO boxes or APO addresses.
- For delivery outside the United States, you must supply a **prepaid** express delivery envelope with your application.

Total due *Fees are due with the application and are non-refundable.*

Payment method		
☐ **Credit card** MasterCard/VISA/Discover	Cardholder name	Valid thru (MM/YY)
	Card number	3-digit code

☐ **Check** Check #	**Make check or money order payable to Minnesota Department of Health.** DO NOT SEND CASH. Checks returned for non-payment will result in a $30 charge to you. You could also face civil penalties.
☐ **Money order** Money order#	

Send your application and payment to:	**Incomplete requests**
Minnesota Department of Health **Office of Vital Records** **Mail:** PO Box 64499, St. Paul, MN 55164-0499 **Courier/express delivery:** 625 Robert St. N, St. Paul, MN 55155 *(no vital-records counter service at this location)*	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. Unresolved requests will be closed 12 months after we receive them. Once a request is closed, customers must submit a new request and pay the fee again to update the record and/or receive the vital records.