

Funeral Home Request to Amend a Death Record

Use this form to request changes to the decedent's demographic information, date of death, or place of death, within one year of the death. More than a year after the event or after the purchase of a death certificate (whichever occurs first), changes to the death record require a [death record amendment request](https://www.health.state.mn.us/people/vitalrecords/amenddeath.html) (<https://www.health.state.mn.us/people/vitalrecords/amenddeath.html>) and supporting documents. NOTE: County offices generally provide the fastest vital records service; in-person requests can often be fulfilled while you wait.

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

Information to find the death record				
Decedent	Decedent's first name	Decedent's middle name	Decedent's last name	Suffix
	Date of death (MM/DD/YYYY)	Decedent's city of death		Decedent's county of death
	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of birth (MM/DD/YYYY)	Decedent's spouse's name (if listed on record)	
What item(s) do you want to add or change?		What is the correct information?		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
I want to add or change		The correct information is		
Funeral home representative				
I am an authorized representative of the funeral establishment (FE) that filed the documentation of death. The death occurred within the last year and the informant has approved the requested amendment(s). <i>I certify that the information provided on this application is correct and complete to the best of my knowledge.</i>				
Funeral director (or authorized FE representative) completing this form			Funeral home name (must match name on death record)	
Funeral home mailing address – street			Funeral home city	State
Funeral home phone (10-digit)			Date signed (MM/DD/YYYY)	
Signature of funeral director (or authorized representative of funeral establishment)				

FUNERAL HOME REQUEST TO CHANGE A DEATH RECORD

Funeral home representative's name:			
Fees and records request			Fee
Processing of death record change			\$40
<i>Death certificates are available to morticians for purchase within 180 days of the death date.</i>	First fact of death certificate		\$13
	First fact and cause of death certificate		\$13
	Additional death certificates	# of extra copies	\$6 each
Processing			Fee
Standard — request processed in the order received			\$0
Faster — request handled ahead of standard requests (<i>doesn't include express delivery</i>)			\$20
Shipping			Fee
Regular first-class mail			\$0
Express delivery (<i>Check here <input type="checkbox"/> to require a signature.</i>)			\$21
<ul style="list-style-type: none"> ▪ 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			<i>Fees are due with the application and are non-refundable.</i>
Payment method			
<input type="checkbox"/> Invoice — ONLY available at County Vital Records Offices that permit invoicing			
<input type="checkbox"/> Credit card MasterCard/VISA/Discover	Cardholder name		Valid thru (MM/YY)
	Card number		3-digit code
<input type="checkbox"/> 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.	
<input type="checkbox"/> Money order	Money order#		
Send your application and payment to:			Incomplete requests
County Vital Records Office (https://www.health.state.mn.us/people/vitalrecords/registrars.html) OR Minnesota Department of Health Office of Vital Records Mail: PO Box 64499, St. Paul, MN 55164-0499 Fax: 866-416-1357 (credit card payments only) Courier/express delivery: 625 Robert St. N, St. Paul, MN 55155 (<i>no vital-records counter service at this location</i>)			The Office of Vital Records returns applications that are incomplete or not paid in full at the time of application.
If you have questions , contact the Office of Vital Records at health.vitalrecords@state.mn.us or 651-201-5970.			