

INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A DEATH RECORD

The Division of Vital Records 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 before we can issue a certified copy of a death record. Proof of identification can be established by having this form **NOTARIZED** in the space provided on the front, or by submitting a legible photocopy of **ONE** of the following **PRIMARY** forms of identification:

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

If you cannot provide one of the primary forms of identification listed above, proof of identity can still be established by submitting a legible photocopy of **TWO** of the following **SECONDARY** forms of identification:

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

The fee for a search of the files is \$5; one search fee pays for one certified copy. Additional copies of the same record issued at the same time are \$2 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 5 to 7 business days (**this does not include the mailing time**). 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.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional \$16.00** (add \$6 for delivery to Alaska or Hawaii) or **UPS** for an **additional \$16**.

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

Vital Records
600 East Boulevard Ave. Dept. 301
Bismarck, ND 58505-0200

This form may also be **faxed** to (701) 328-1850. Please include your **Visa, Master Card, or Discover** credit card information in the space provided and remember to fax a legible copy of your identification listed above.

Our web page is at: www.ndhealth.gov/vital

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



REQUEST FOR CERTIFIED COPY OF A DEATH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS

SFN 5531 (Rev. 7-2015)

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

1. Full Name of Deceased		2. Gender <input type="checkbox"/> Male <input type="checkbox"/> 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 (first, middle, last)	
8. Number of Certified Copies Requested (\$5.00 - 1st Copy; \$2.00 for each additional)			
_____ Full (Contains both 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 – issued to requestors not qualified to have full or facts of death)			
9. Is this for genealogy/family history? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. Your Relationship to Person on Line 1*			
<input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child <input type="checkbox"/> Grandparent <input type="checkbox"/> Grandchild <input type="checkbox"/> Funeral Director <input type="checkbox"/> General Public (Informational only)			
<input type="checkbox"/> Licensed Attorney (Facts of Death only) <input type="checkbox"/> Authorized Representative (include court order) <input type="checkbox"/> Other _____			
<small>* 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 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 the 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 the 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.</small>			
Signature		Date	
Printed Name		Daytime Telephone Number	
Mailing Address	Apartment No.	City	State ZIP Code

If Copy is to be Mailed Elsewhere, please provide mailing address below

Mailing Name				
Mailing Address	Apartment No.	City	State	ZIP Code
Shipping Instructions: (First Class Mail is the default)		Credit Card Information:		Card Number
<input type="checkbox"/> First Class Mail – (No Charge)		<input type="checkbox"/> Visa		Expiration (Month/Year)
<input type="checkbox"/> FedEx - \$16 (Add \$6 for AK or HI; add \$50 for International)		<input type="checkbox"/> Mastercard		3-Digit Security Code
<input type="checkbox"/> UPS - \$16 (Add \$50 for International)		<input type="checkbox"/> Discover		
<input type="checkbox"/> Waive Signature for FedEx or UPS Delivery				

IDENTIFICATION – All applicants must submit **EITHER** a clear copy of a government issued photo ID that contains the applicant’s signature **OR** submit a notarized application.

Subscribed to and sworn before me this (date):	SEAL
Signature of Notary Public	
My Commission Expires	

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 OFFICE USE ONLY

Identification Verified	Fee Received
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