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.

NEW IDENTIFICATION REQUIREMENTS

We now require proof of identification before we can release a certified copy of a death record. **Proof of identification can be established by submitting a legible photocopy of one of the following 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 issue Passport or Visa

If you do not have one of the prior forms of identification, you must provide a legible photocopy of **two** of the following:

1. Social Security Card
2. Utility bill with current address (within last three months)
3. Bank Statement with current address (within last three months)
4. Pay stub (within last three months)
5. Car registration or title with current address
6. IRS Tax Return from prior year

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, processing time is 5 to 7 business days in the office **(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

If you prefer, you may complete this form and fax it with your **Visa, Master Card,** or **Discover** credit card number and expiration date to (701) 328-1850. Remember to fax a copy of your ID!!

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

Our email address is: vitalrec@nd.gov

REQUEST FOR CERTIFIED COPY OF A DEATH RECORD

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS
SFN 5531 (Rev. 3-2009)

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

1. Full Name of Deceased	2. Gender ☐ Male ☐ Female
3. Date of Death (Month, Day, Year)	4. Place of Death (City, Township or County)

5. 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)

6. Is this for genealogy/family history? ☐ Yes ☐ No

7. Your Relationship to Person on Line 1*

☐ Spouse ☐ Parent ☐ Child ☐ Grandparent ☐ Grandchild ☐ Funeral Director ☐ General Public (Informational only)

☐ Licensed Attorney (Facts of Death only) ☐ Authorized Representative (include court order) ☐ Other _____

** NDCC 23-02.1-27 (2) – A certified copy of a death record may be issued to a relative, an authorized representative, the child fatality review board, or a funeral director reporting the facts of death, 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 a 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 death record or to any licensed attorney who requires the copy for a bona fide legal determination. A certified informational copy of a death record may be issued to the general public, but the copy may not contain the cause of death or the social security number.*

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
☐ First Class Mail – (No Charge)	☐ Visa	Expiration (Month/Year)
☐ FedEx - $16 (Add $6 for AK or HI; add $50 for International)	☐ Mastercard	3-Digit Security Code
☐ UPS - $16 (Add $50 for International)	☐ Discover	
☐ 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