Minnesota Bureau of Criminal Apprehension

1430 Maryland Avenue East, Saint Paul, Minnesota 55106

DATA REQUEST ON A DECEDENT

Please **PRINT** all information except where a signature is required.

INFORMATION ABOUT DECEDENT

Name: _____
Last First Middle

Other names (including aliases, birth name, nicknames, maiden name, etc.): _____

_____

Date of birth: _____
Month Day Year (MM/DD/YYYY)

INFORMATION ABOUT REQUESTOR

Name of Requestor: _____
Last First Middle

Address: _____
Street Apt. /Suite #

_____
City State Zip Code

Date of birth: _____
Month Day Year (MM/DD/YYYY)

Description of data requested: _____

_____

_____

_____

Time period of data requested (if applicable): _____

I would like to (check one): □ inspect (look at) the requested data at the BCA (no charge)
□ receive copies of the requested data (a fee may apply)

 ****Please complete second page of this form****

PROOF OF RELATIONSHIP (please check one)*:*

____ I am the personal representative of the decedent's estate. I have attached a *certified* copy of the court order appointing me as the personal representative.

____ I am the spouse of the decedent and there is no personal representative of the decedent's estate. I have attached *certified* copies of the death and marriage certificates.

____ I am a child of the decedent and there is no personal representative of the decedent's estate. I have attached a *certified* copy of the death certificate and a *certified* copy of my birth certificate or adoption papers.

____ I am the parent of the deceased and the decedent has no personal representative of the decedent's estate, surviving spouse or children. I have attached a *certified* copy of the decedent's death certificate and a *certified* copy of the decedent's birth certificate or adoption papers.

____ I am the trustee appointed in a wrongful death action on behalf of the decedent.

OPTIONAL CONTACT INFORMATION

Telephone: (_____) _____ Email: _____

If you mail this form, you must sign below in the presence of a Notary Public. Mail *original* copy to: Data Practices, Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106. If you bring this form to the BCA, please be prepared to show a current, government-issued photo ID.

Signature: _____

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Signed or attested before me this _____ day of _____, 20_____ by

Name of requestor: _____ (Affix seal here)

Signature of Notary Public: _____

My commission expires: _____

For BCA use only — Identity verified by valid, government-issued photo ID: _____
(Initials of staff member)