



DATA REQUEST ON A DECEDENT

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

ALL FIELDS MARKED WITH * ARE REQUIRED FOR PROCESSING

DECEDENT INFORMATION

* Name: _____
Last First Middle

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

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

REQUESTOR INFORMATION

* Name: _____
Last First Middle

Address: _____
Street Apt. /Suite #

_____ City State Zip Code

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

Telephone: () Email: _____

* DATA BEING REQUESTED

I would like to receive data about the decedent (check all that apply):

MN Criminal History Record Fingerprints Arrest Photos

I am seeking additional data about the decedent (describe below):

Year or time period: _____

****Continue to second page for completion****



* 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 applies when page-count exceeds 200)

*** PROOF OF RELATIONSHIP** (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, a **certified copy**** of my birth certificate or adoption papers, and (if applicable) a **certified copy**** of marriage certificate or Order for Name Change (connecting present name to name at birth).

_____ 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. I have attached a **certified copy**** of the order appointing me trustee.

A **certified copy is a government record that has been marked as a true and correct copy by the government official responsible for maintaining it. A certification by a stamp must be initialed by the government official in ink. A certification can also be done by a raised seal impressed into the copy.

**If you mail this form, you must sign below in the presence of a Notary Public and mail the original to:
Data Practices, MN Bureau of Criminal Apprehension, 1430 Maryland Avenue East, Saint Paul, MN 55106.
If you bring this form to the BCA without notarization, 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: _____

BCA IDENTITY VERIFICATION

DATE _____ TIME _____ INITIALS _____