

Death Certificate Information – Macken Funeral Home – 1105 12th Street SE – Rochester, MN 55904
Phone: (507) 282-1075 – Fax (507) 280-7740 – Email: macken@mackenfuneralhome.com

Decedent's first/middle/last name: _____ male / female
Maiden name: _____

Street Address of deceased: _____

City / State / ZIP/County: _____ City Limits?: Yes / No

Social Security Number: _____

Date of Death: _____ Place of death: _____

Date of Birth: _____ Age: _____

Place of Birth (city, state, foreign country): _____

Father's name (first, middle, last): _____

Mother's name (first, middle, maiden): _____

Race: _____ Hispanic Origin: Yes / No

Highest level of completed education: _____

Occupation: _____ Kind of Business: _____

Is the deceased a U.S. Veteran? Yes / No

Marital Status: Married / Divorced / Widowed / Never Married

Spouse's name: _____ Maiden: _____

Informants Name: (Person filling our form) _____ Relationship _____

Address: _____

Type of Disposition burial / cremation / other: _____

Name of Cemetery: _____ City, State: _____

Death Certificates will be sent to the address provided below. The cost of the certified copies from Minnesota are \$13.00 for the first copy and \$6.00 for each additional copies ordered at the same time. *Families that choose our Simply Cremation Plan® may leave this section blank as you will have to obtain death certificate yourself (Minnesota residents). If you reside outside of Minnesota, we will assist in obtaining death certificates for you.

Order: _____ Certified Copies of the Death Certificate

Name: _____

Address: _____

For International Flights Only: Consignee Info
Name: _____

Address: _____

Phone: _____

The information on this form is correct to the best of my knowledge. I understand that if Macken Funeral Home needs to amend this document due to error on my part, I agree to pay the charges to the Minnesota Department of Health for such amendment (currently \$40.00). I also agree to pay for any new death certificates that may need to be re-printed. (Please check the box above if sending this electronically).

Signature: _____

Date: _____