

**AUTHORIZATION**

Name on Death Record: \_\_\_\_\_

I, \_\_\_\_\_, am the Requester in the attached Minnesota Certificate of Death Application, and I hereby authorize the Big Stone County Recorder's Office staff to release and deliver the certified copy requested in said Application to the following person/company:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Requester