

CROW WING COUNTY SHERIFF'S OFFICE

Office of Scott Goddard, Sheriff



304 Laurel Street
Brainerd, MN 56401
p: 218.829.4749
Fax: 218.829.9459
crowwing.us

AUTHORIZATION FOR RELEASE OF PRIVATE DATA
Data Request on a Decedent

Data Subject: Information about Decedent (please print legibly):

Name: LAST FIRST MIDDLE SUFFIX AKA/MAIDEN

Date of Birth: MM/DD/YYYY

Information about Requestor (please print legibly):

Name: LAST FIRST MIDDLE SUFFIX AKA/MAIDEN

Date of Birth: MM/DD/YYYY

I, _____, as permitted by the Minnesota Government Data Practices Act, am requesting private data of the Decedent and authorize the Crow Wing County Sheriff's Office to release the following private data*:

- SUMMARY OF CRIMINAL INVOLVEMENTS
DETAILED CRIMINAL INCIDENT REPORTS
STATE ACCIDENT REPORT (INCIDENT NUMBER):
INCIDENT NUMBER(S):
OTHER:
INCLUDE JUVENILE DATA

* Contact the Crow Wing County Jail Directly for any Jail Data.

This authorization allows the following to receive the private data pursuant to this authorization:

MYSELF OTHER: Name/Agency: Address: Fax: Phone:

Proof of Relationship (please check one):

___ I am the personal representative of the decedent's estate (a certified copy of the court order appointing you as personal representative may be required).

___ I am the spouse of the decedent and there is no personal representative of the decedent's estate (certified copies of the death certificate and marriage certificate may be required).

___ I am a child of the decedent and there is no personal representative of the decedent's estate (certified copy of the death certificate and your birth certificate/adoption papers may be required).

___ I am a parent of the decedent and there is no personal representative of the decedent's estate and no surviving spouse or children (certified copy of the death certificate and birth certificate of decedent).

I may revoke this authorization at any time before it is presented and responded to. I understand that any revocation must be in writing and delivered to the entity authorized to release the private. This authorization shall automatically expire one year after the date listed below.

If your request is not made in person, you must sign below in the presence of a Notary Public.

Signature of Requestor

Date

State of _____, County of _____,

On _____ 20 _____.

personally appeared before me to be the signer of this document

Signature of Notary Public

My commission expires

FOR OFFICE USE ONLY ID verified

By: _____

Date: _____