

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased		Date of Death or Period to be Covered by Search	
First	Middle	Last	
Name of Father of Deceased		Social Security Number of Deceased	
First	Middle	Last	
Maiden Name of Mother of Deceased		Date of Birth of Deceased	
First	Middle	Month	Day
	Last	Year	Age at Death

Place of Death
Name of Hospital or Street Address _____ Village, Town or City _____ County _____

Purpose for Which Record is Required _____

What was your relationship to the deceased? _____

In what capacity are you acting? _____

If attorney, name and relationship of your client to deceased _____

Signature of Applicant _____ Date _____

Address of Applicant _____

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death

_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____

Address _____

City _____ State _____ Zip Code _____