

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.

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

—	Number of copies requested with confidential cause of death
—	Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORDS SHOULD BE SENT

Name	_____				
Address	_____				
City	State	Zip Code	_____		