

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