

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 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 _____	