

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						
First	Middle	Last	Social Security Number of Deceased			
Maiden Name of Mother of Deceased						
First	Middle	Last	Date of Birth of Deceased			
			Age at Death			
Place of Death						
			Month	Day	Year	
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 _____