

**Application to Local Registrar
for Copy of Death Record
(Submit to Town Clerk)**

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	Last	Month Day Year
Age at Death	Place of Death		
	Name of Hospital or Street Address		Village, Town or City County
Purpose of 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 _____			