

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 of 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 deceased? _____ | | | |
| In what capacity are you acting? _____ | | | |
| If attorney, name and relationship of your client to deceased _____ | | | |
| Signature of Applicant _____ Date _____ | | | |
| Address of Applicant _____ | | | |

| PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT | | |
|---|-------------|----------------|
| Name _____ | | |
| Address _____ | | |
| City _____ | State _____ | Zip Code _____ |