

# 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 _____					

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_