

# Application to Local Registrar for Copy of Death Record

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| <b>PLEASE COMPLETE FORM AND ENCLOSE FEE</b>  |
| FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps. |

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| <b>PLEASE PRINT OR TYPE</b>  |   |              |
| Name of Deceased<br><br>First                      Middle                      Last                  | Date of Death or Period to be Covered by Search   |              |
| Name of Father of Deceased<br><br>First                      Middle                      Last        | Social Security Number of Deceased  |              |
| Maiden Name of Mother of Deceased<br><br>First                      Middle                      Last | Date of Birth of Deceased<br><br>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 _____   |   |              |

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| <b>COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988</b>  |
| _____ Number of copies requested with confidential cause of death<br><br>_____ Number of copies requested without confidential cause of death |

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| <b>PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT</b> |
| Name _____   |
| Address _____  |
| City _____ State _____ Zip Code _____                            |