

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 _____	