

# 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 _____					

**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 \_\_\_\_\_