

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 | | | Date of Death or Period to be Covered by Search | | |
| First | Middle | Last | | | |
| Name of Father of Deceased | | | Social Security Number of Deceased | | |
| First | Middle | Last | | | |
| Maiden Name of Mother of Deceased | | | Date of Birth of Deceased | | Age at Death |
| First | Middle | Last | Month | Day | Year |
| 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 _____