

# 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 _____