

**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		Age at Death
			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	