

# 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<br>First Middle Last                               |  |  | Date of Death or Period to be Covered by Search |            |              |
| Name of Father of Deceased<br>First Middle Last                     |  |  | Social Security Number of Deceased              |            |              |
| Maiden Name of Mother of Deceased<br>First Middle Last              |  |  | Date of Birth of Deceased<br>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 \_\_\_\_\_