**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**

<table>
<thead>
<tr>
<th>Name of Deceased</th>
<th>Date of Death or Period to be Covered by Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Name of Father of Deceased</td>
<td>Social Security Number of Deceased</td>
</tr>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td>Maiden Name of Mother of Deceased</td>
<td>Date of Birth of Deceased</td>
</tr>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

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

Address of Applicant

Date

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**COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1986**

- Number of copies requested with confidential cause of death
- Number of copies requested without confidential cause of death

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**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name

Address

City

State

Zip Code