

**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 Name		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 _____

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____
Address _____
City _____ State _____ Zip Code _____