

**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 \_\_\_\_\_