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

DOH-294A (6/2000)