



**APPLICATION TO REGISTRAR FOR COPY OF
DEATH RECORD**

CERTIFICATE INFORMATION:

DECEASED: _____

First

Middle

Last

DATE OF DEATH: ____/____/____

DATE OF BIRTH: ____/____/____

_____ NO. OF COPIES REQUESTED WITH CONFIDENTIAL CAUSE OF DEATH

_____ NO. OF COPIES REQUESTED WITHOUT CONFIDENTIAL CAUSE OF DEATH

NAME OF FATHER OF DECEASED: _____

MAIDEN NAME OF MOTHER OF DECEASED: _____

PLACE OF DEATH: (Hospital or Street Address) _____

PURPOSE FOR WHICH RECORD IS REQUIRED: _____

APPLICANT INFO:

RELATIONSHIP TO THE DECEASED: _____

IF ATTORNEY, NAME & RELATIONSHIP OF YOUR CLIENT: _____

NAME: _____ SS# ____/____/____

TELEPHONE NO: _____ DATE: ____/____/____

EMAIL: _____

SIGNATURE: _____

ADDRESS: _____

Please note that this application must be filled out in its entirety and submitted with valid photo identification. Applications submitted by mail are payable with a money order only. Proof of lineage is necessary unless the applicant is named on the death record. Please note that unless you are the spouse, parent or child of the deceased or a legal representative thereof, documentation establishing the legal right or claim to the record and/or the confidential cause of death is required.