

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

Mail to: Town of Rotterdam, Town Clerk
1100 Sunrise Blvd., Rotterdam, NY 12306

Copy of Driver's License required

FEE: \$10.00 per copy or No Record Certification. No cash. Out of state-money orders only.

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	Age at Death		
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 _____			Phone: _____		

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 _____