

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 make your check payable to the City of Middletown. Return form and check to Registrar, City Hall, 16 James Street, Middletown, NY 10940. 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 _____