

# 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 \_\_\_\_\_