

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.
Payable to the Town of Kirkland

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
First	Middle	Last	
		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 _____			

PLEASE PRINT NAME AND ADDRESS WHERE RECORDS SHOULD BE SENT

Name _____			
Address _____			
City _____	State _____	Zip code _____	

Town of Kirkland
PO Box 235
Clinton NY 13323