

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.

Make check payable to: Town of Fallsburg Town Clerk

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 Month Day Year		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 _____					

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 _____

Mail completed form, copy of drivers license, and check or money order to
Town of Fallsburg Town Clerk
PO Box 2019
South Fallsburg, NY 12779