

# 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.

Please make checks payable to the Scriba Town Clerk,

Mail payment & form to :

42 Creamery Road, Oswego, NY 13126

**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 _____                                          |        |      |                                                 |     |              |

**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 \_\_\_\_\_