

**TOWN OF WILNA
REGISTRAR OF VITAL STATISTICS
414 STATE STREET
CARTHAGE, NY 13619**

**APPLICATION FOR A COPY OF A DEATH RECORD
PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE**

FEE: \$10.00 PER COPY

IF FOR GENEALOGY: \$22.00 PER COPY

Make checks payable to: TOWN OF WILNA

DO NOT SEND CASH

NAME (First)(Middle)(Last)			DATE OF DEATH or Period To Be Covered by Search	
PLACE OF DEATH (Hospital (if not hospital, give street & number))			(Village, Town, City)	(County)
NUMBER COPIES DESIRE	ENTER DEATH NO. (if known)	ENTER LOCAL REGISTRATION NO (if known)		

PURPOSE FOR WHICH
RECORD IS REQUIRED _____

What is your relationship to person whose record is required? _____

If attorney, give name and relationship of your client to person whose record is required _____

Signature of Applicant _____

Address of Applicant _____

Date _____

Please print name and address where record should be sent:	
Name _____	
Address _____	
City _____	State _____ Zip _____