TOWN OF COVERT TOWN CLERK
P. O. Box 265
INTERLAKEN, NY 14847

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.

Name of Deceased	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	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		

____	Number of copies requested with confidential cause of death
____	Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORDS SHOULD BE SENT

Name _____

Address _____

City _____ **State** _____ Zip Code _____

*If applicant is someone other than the spouse, parent or child of the deceased, application must be accompanied by supporting documents establishing legal right or claim to copy or transcript.