Emily Hawkins

Eden Town Clerk
2795 East Church Street
Eden, New York 14057-1280

Phone: (716) 992-3408, ext. 4
townclerk@edenny.gov

APPLICATION FOR SEARCH OF DEATH RECORDS

TYPE OF RECORD DESIRED (Check One)

Search and Certification	☐ Fee $10.00 per Copy	Search and Certified Copy	☐ Fee $10.00 per Copy
A Certification, an abstract from the death certificate issued under seal of the Health Department, includes the name, date and place of death. A Certification may be used as proof that the event occurred.		A Certified Copy, a photo static copy of the original death certificate, includes all of the information found on the original death certificate. A Certified Copy may be required where proof of parentage and certain other detailed information may be necessary such as: veterans' benefits, court proceedings, or settlement of an estate.	

FEES: Make money order or check payable to EDEN TOWN CLERK
No fee is charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veterans' benefits.

PLEASE PRINT OR TYPE

DEATH RECORD OF (First) (Middle) (Last)	DATE OF DEATH OR PERIOD TO BE COVERED BY SEARCH
PLACE OF DEATH (Name of Hospital or Street Address)	(Village, Town or City) (County)
SOCIAL SECURITY NUMBER OF DECEASED :	DATE OF BIRTH OF DECEASED (Month) (Day) Year) — AGE AT DEATH
NAME OF FATHER OF DECEASED (First) (Middle) (Last)	MAIDEN NAME OF MOTHER OF DECEASED (First) (Middle) (Last)
PURPOSE FOR WHICH RECORD IS REQUIRED	

What was your relationship to deceased? _____

In what capacity are you acting? _____

If attorney: Name and Relationship
of your client to deceased: _____

SIGNATURE MUST BE NOTORIZED

Signature of Applicant _____

Sworn and subscribed before me

Address of Applicant _____

this _____ day of _____.

Date _____

_____ Notary Seal

Phone Number _____

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____