

Town of Essex
 Registrar of Vital Statistics
 PO Box 45
 Essex, NY 12936

APPLICATION FOR A COPY OF A DEATH RECORD

PLEASE COMPLETE FORM AND ENCLOSE FEE

PLEASE PRINT OR TYPE

FEE: \$10.00 PER COPY

Make checks payable to:

Do not send cash

No fee is to be charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veterans' benefits

NAME (First) (Middle) (Last)	DATE OF DEATH or Period To Be Covered by Search	
Hospital (if not hospital, give street and number) PLACE OF DEATH	(Village, Town, City)	(County)
SOCIAL SECURITY NUMBER OF DECEASED	DATE OF BIRTH OF DECEASED (M/D/YY)	AGE AT DEATH
NAME OF (First) (Middle) (Last) FATHER OF DECEASED	MAIDEN NAME (First) (Middle) (Last) OF MOTHER OF DECEASED	
NUMBER OF COPIES DESIRED		
PURPOSE FOR WHICH RECORD IS REQUIRED		

What is your relationship to deceased? _____
 In what capacity are you acting? _____
 If attorney, give name and relationship of your client to deceased: _____

If the request is made by someone other than the spouse, parent or child of the deceased, this application must be accompanied by supporting documents establishing a legal right or claim to obtain a certified copy or transcript, or a judicial or other purpose to obtain a certification.

Signature of Applicant _____

Address of Applicant _____

Date _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me this _____ day of _____

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

Notary Public

SEAL: