PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased
First  Middle  Last  Date of Death or Period to be Covered by Search

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

DOH-294A (6/2000)