

TOWN OF STOCKHOLM
REGISTRAR OF VITAL STATISTICS
 540 State Highway 11C
 WINTHROP, NY 13697

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: **Heather Kish, Town Clerk**

Do not send cash!!

*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.

First Middle Last NAME:	DATE OF DEATH or Period to be covered by Search:	
PLACE OF DEATH:	Village, Town or City	St. Lawrence County
DATE OF BIRTH OF DECEASED:	AGE AT DEATH:	
First Middle Last NAME OF FATHER OF DECEASED	First Middle Last MAIDEN NAME OF MOTHER OF DECEASED	

PURPOSE FOR WHICH RECORD IS REQUIRED:	Number of copies desired:
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What is your relationship to deceased? _____

In what capacity are you acting? _____

If Attorney, give name and relationship of your client to deceased:

This office requires written authorization of the person or parents whose record be requested before a search is processed.

Signature of Applicant: _____

Address of Applicant: _____

Date: _____

Signature must be notarized.

Subscribed and sworn before me this ____ day of _____ 20__

 Notary Public

Notary expires: _____ 20__ Seal:

Please print name and address where record should be sent:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____