

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 or stamps.

PLEASE PRINT OR TYPE

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

Application for Local Health Department

Form No. 101-1 (Rev. 1-1-68)

1. Name of Applicant: _____

2. Address of Applicant		3. Name of Business	
_____		_____	
4. City or Town		5. State	
_____		_____	
6. Date of Birth of Applicant		7. Sex	
_____		_____	
8. Education		9. Occupation	
_____		_____	

10. Reason for Application: _____

11. How long has your business been in operation? _____

12. How many employees do you employ? _____

13. How many units of product do you produce? _____

14. How many units of product do you sell? _____

15. How many units of product do you store? _____

16. Signature of Applicant: _____

17. Title of Applicant: _____

18. Name of Local Health Department: _____

19. Address of Local Health Department: _____

20. Date of Application: _____

21. Name of Applicant: _____

22. Name of Applicant: _____

23. Name of Applicant: _____

24. Name of Applicant: _____

25. Name of Applicant: _____

26. Name of Applicant: _____

27. Name of Applicant: _____