

DEATH RECORD REQUEST

Fee: \$10.00 Per Copy

Fee: \$22.00 Per Copy – Genealogical Purposes

We are requesting your cooperation in filling out this form with the information requested below for a **Certified Copy** of a Death Certificate.

Please make check payable to: **ORANGETOWN TOWN CLERK**
26 Orangeburg Road
Orangeburg, N.Y. 10962

APPLICANT'S NAME ADDRESS TELEPHONE #

FOR WHAT PURPOSE IS INFORMATION REQUESTED:

Name of Deceased: _____

Date of Death: ___/___/___

Mother Name (Maiden) of Deceased: _____

Father Name of Deceased: _____

Social Security Number: _____

Date of Birth of Deceased: ___/___/___ Age at Death: _____

Place of Death: _____

APPLICANT INFORMATION

Relationship to Person whose record is required: _____

Social Security Number: _____

Signature of Applicant: _____ Date: _____

Address of Applicant: _____

Proof of Identification Is Required