

**OFFICIAL USE ONLY**

License No. \_\_\_\_\_ Date Issued \_\_\_\_\_ Receipt No. \_\_\_\_\_

**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 Record.

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

**APPLICANT'S NAME**                      **ADDRESS**                      **TELEPHONE #**

\_\_\_\_\_

**E – MAIL:** \_\_\_\_\_

**FOR WHAT PURPOSE IS INFORMATION REQUIRED:**

\_\_\_\_\_

**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:** \_\_\_\_\_

**Number of Copies Requested:** \_\_\_\_\_

**\*Proof of Identification Is Required\***