

Mary Ann Roberts  
Town/Village Clerk  
16 Croton Ave.  
Ossining, NY 10562

# 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 MAKE CHECKS PAYABLE TO: TOWN OF OSSINING

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 deceased? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship of your client to deceased \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

