| Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification | | | | | | |
|---|----------------|---------------------------|--------------------------------------|----------------------------------|-----------------------------|--|
| Identification Requirements: Application <i>must</i> be submitted with copies of either A <i>or</i> B. (Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.) A. One (1) of the following forms of valid photo-ID: -OR- • Driver license • Non-driver photo-ID card • Passport • Employment ID • Letter from a government agency dated within the last six (6) months | | | | | | |
| Name of Deceased: | | | ast six (0) months | Social Security No. of Deceased: | | |
| First Middle Last | | | | | , | |
| Date of Death or Period to be Covered by Search: (mm/dd/yyyy) | | | Date of Birth of D | Deceased: | Age at Death: | |
| From To | | | mm / dd / v | mm / dd / yyyy | | |
| Maiden Name of Mother of Deceased: | | | | Death C | ertificate No.: (If known) | |
| | | | | | | |
| First Middle Name of Father of Deceased: | | Maiden | en Last Local Registration No.: (If | | egistration No.: (If known) | |
| Thambor aliner of Doctocou. | | | | | , | |
| First M | 1iddle | Last | | | | |
| Place of Death: | | | | | | |
| | | | | | | |
| Name of Hospital or Street Address Village, town or city County | | | | | | |
| Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.) | | | | | | |
| Copies requested with Copies requested without Total number of | | | | | | |
| confidential cause of death confidential cause of death copies requested | | | | | | |
| Purpose for which Record is Required: What is your relationship to person whose record is required? | | | | | | |
| | | | | | | |
| | | | | | | |
| In what capacity are you acting? If attorney, give name and relationship of your client to person whose record is required: | | | | | | |
| | | | | | | |
| | | | | | - | |
| If you are not the parent or child of the deceased or the spouse of the deceased | | | | | | |
| at the time of death, you must submit documentation of a lawful right or claim. Signature of Applicant: Date Signed: FOR REGISTRAR'S USE ONLY | | | | | | |
| Signature of Applicant: | Month Day Year | | (Photocopy ID an | | | |
| | | Type of I | | | , | |
| | | Drive | er License | | | |
| | | | Issuing state: | | | |
| | | | Expiration date: | | | |
| (Applicant's Name) | | Numbor | | | | |
| | | Number: Other ID, Specify | | | | |
| (Street) | | Number: | | | | |
| | | | | | | |
| (City) | (State) (Zip) | Type: _ | | | | |
| | (Διαισ) (Διμ) | Number | : | | | |
| Telephone No.: () | | Type: | | | | |