

Please Print Clearly

Town of West Warwick, Town Clerk's Office, 1170 Main Street, West Warwick, RI 02893

Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below:

1. Please fill in the information below for the person whose death record you are requesting:

Full name _____

Date of death _____ Place of death (city/town/hospital name) _____

Name of spouse/civil union partner/registered domestic partner (if applicable) _____

Mother/Parent's full birth name _____

Father/Parent's full birth name _____

2. Complete one of the following: I am applying for the death record of:

my parent my spouse/civil union partner/registered domestic partner my child

my grandparent other relative (specify) _____

my client. I'm an attorney representing: _____

The name of the law firm is: _____

my client. I am an insurance company representative. The name of the insurance company is: _____

another person (please specify): _____

3. Why do you need this record? (We ask this question so that we can supply you with a certified copy that will be suitable for your needs.)

probate Social Security Administration veteran's benefits property title

foreign gov't other use (please specify): _____

4. Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00.

Any additional copies of this record purchased this same day cost \$18.00 each.

How many do you want? _____ (Check/Money Order Payable to: "Town of West Warwick")

5. I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of Rhode Island (printed on the reverse side of this form).

Please sign _____

signature of person completing this form

date signed

Print your name _____ () _____

phone #

Print your address _____

street or mailing address

city/town

state

zip code

Type of Picture ID: _____ ID Number: _____ ID Issued by: _____