

## Application for a Certified Copy of a Death Certificate

For office use only

I.D. # \_\_\_\_\_

CPA # \_\_\_\_\_

REC # \_\_\_\_\_

Number of Copies \_\_\_\_\_

Amount Enclosed (\$) \_\_\_\_\_

Name on Death Certificate \_\_\_\_\_

Sex Male \_\_\_\_\_ Female \_\_\_\_\_

Date of Death \_\_\_\_\_

Town or City of Death \_\_\_\_\_

Date of Birth \_\_\_\_\_

State of Birth \_\_\_\_\_

Age at Death \_\_\_\_\_

Name of spouse \_\_\_\_\_

Your Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Your relationship to the person on the death certificate

### Intended use of Certificate

Benefits \_\_\_ Settlement of Estate \_\_\_ Family History \_\_\_

Other (specify) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_