

**Please Print Clearly**

Charlestown Town Hall, 4540 South County Trail, Charlestown, RI 02813

**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 (if married) \_\_\_\_\_  
Mother's full maiden name \_\_\_\_\_  
Father's full name \_\_\_\_\_

2. Complete one of the following:

I am applying for the death record of:

- my parent       my spouse       my child       my grandparent
- other relative (specify): \_\_\_\_\_
- my client. I am 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 (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       vets benefits       property title
- foreign government       other (specify): \_\_\_\_\_

4. Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each. How many do you want? \_\_\_\_\_

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 RI (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

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

Type of picture ID: \_\_\_\_\_ ID number: \_\_\_\_\_ ID issued by: \_\_\_\_\_