## **Please Print Clearly**



## **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 <u>one</u> 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 <u>this record</u> purchased <u>this same day</u> cost \$18.00 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 Rhode Island (printed on the reverse side of this form). Please sign |
|    | Please sign   |
|    | Print your name: () Phone #   |
|    | Print your address:  Street or mailing address City/Town State zip code   |
|    | Street or mailing address City/Town State zip code  |
|    | Type of Picture ID: ID Number: ID Issued by:  |

## Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate of application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of such report, record, or certificate, or amendment thereof... shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.