

**Application to Local Registrar  
 for Copy of Death Record  
 (Submit to Town Clerk)**

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.  
 Make check payable to Town of Conesus.

**PLEASE PRINT OR TYPE**

|                                   |                                    |      |   |     |        |
|-----------------------------------|------------------------------------|------|---|-----|--------|
| Name of Deceased                  |                                    |      | Date of Death or Period to be Covered by Search |     |        |
| First                             | Middle                             | Last |   |     |        |
| Name of Father of Deceased        |                                    |      | Social Security Number of Deceased              |     |        |
| First                             | Middle                             | Last |   |     |        |
| Maiden Name of Mother of Deceased |                                    |      | Date of Birth of Deceased                       |     |        |
| First                             | Middle                             | Last | Month   | Day | Year   |
| Age at Death                      | Place of Death                     |      |   |     |        |
|                                   | Name of Hospital or Street Address |      | Village, Town or City                           |     | County |

Purpose of Which Record is Required?  
 \_\_\_\_\_

What was your relationship to the deceased? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship of your client to deceased \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Address of Applicant \_\_\_\_\_

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

**COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988**

\_\_\_\_\_ Number of copies requested with confidential cause of death

\_\_\_\_\_ Number of copies requested without confidential cause of death

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_