

Please Print Clearly

JAMESTOWN TOWN CLERK'S OFFICE, Jamestown Town Hall, 93 Narragansett Avenue, Jamestown, RI 02835

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? _____ (Payable to: Town of Jamestown)

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: _____

Print your name: _____

Phone #: _____

Print your address: _____
Street or mailing address city/town state zip code

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