

Please Print Clearly

WARWICK CITY CLERK, WARWICK CITY HALL, 3275 POST ROAD, WARWICK RI 02886

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 country other (specify): _____

4. Copies cost \$20.00 for the first copy and \$15.00 for additional copies of this same record ordered today.

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 _____

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

Print your phone number _____

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED ID