

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/civil union partner/registered domestic partner (if applicable)_____

Mother/Parent's full birth name

Father/Parent's full birth name

2. Complete one 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.** [Mail-In: Please include a Photo copy of a government issued drivers license/ID
Any additional copies of this record purchased this same day cost \$18.00 each.

How many do you want? _____ (Check/Money Order Payable to: City of Warwick)

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 _____
signature of person completing this form

date signed

Print your name _____ (_____) _____
phone # _____

Print your address _____

street or mailing address	city/town	state	zip code
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Type of Picture ID:_____ ID Number:_____ ID Issued by:_____

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

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

Cash ☐
Check ☐
Change ☐ *****

	Birth	Death	Marriage	Civil Union
Number of first copies Walk-In / Mail-In	_____	_____	_____	_____

Number of additional copies	_____	_____	_____	_____
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Number of searches _____

Additional years searched _____

FOR STATE USE ONLY: Delayed Filing _____ Correction _____ P/L _____ A _____

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 or 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 the 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.