

Please Print Clearly

Narragansett Town Hall, 25 Fifth Ave, Narragansett, RI 02882

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? _____

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 _____ (_____) _____
phone #

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

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

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 _____

	Birth	Death	Marriage
Number of first copies	_____	_____	_____

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.