

TOWN OF BRANT
REGISTRAR OF VITAL STATISTICS
P.O. BOX 228
BRANT, NEW YORK 14027

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do NOT send cash or stamps.

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		Age at Death
First	Middle	Last	Month	Day	Year

Place of Death		
Name of Hospital or Street Address	Village, Town or City	County
Purpose for 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 _____	

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____			
Address _____			
City _____	State _____	Zip Code _____	

Mail completed form to: Town Clerk, Town of Brant, PO Box 228, Brant, New York 14027
Enclose with completed Form \$10.00 check or money order made payable to Town of **BRANT**