

**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  First                      Middle                      Last	Date of Death or Period to be Covered by Search	
Name of Father of Deceased  First                      Middle                      Last	Social Security Number of Deceased	
Maiden Name of Mother of Deceased  First                      Middle                      Last	Date of Birth of Deceased  Month                      Day                      Year	Age at Death

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 Clerk