Please Print Clearly

Town of West Warwick, Town Clerk’s Office, 1170 Main Street, West Warwick, RI 02893

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 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 (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): __________________

   Any additional copies of this record purchased this same day cost $18.00 each.

   How many do you want? __________________ (Check/Money Order Payable to: “Town of West 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 __________________

   Type of Picture ID: __________________ ID Number: __________________ ID Issued by: __________________

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