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'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.**
   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: _____