Village of Pelham – 195 Sparks Avenue, Pelham, NY 10803

Application to Local Registrar for Copy of Death Record

CERTIFICATE INFORMATION	
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 _____ _____ _____ Street Address Village, Town or City County	

APPLICANT INFORMATION

Purpose for Which Record is Required:_____
_____
_____

What is your relationship to the person whose record is required? _____
_____

In what capacity are you acting? _____

If attorney, name and relationship of your client to the person whose record is required (signed and notarized authorization letter required). _____
_____

Signature of Applicant:_____ Date: _____

Address of Applicant: _____
_____

SUBMIT APPLICATION WITH THE FOLLOWING:

- **$10.00 per copy (Certified Check or Money Order only) payable to the "Village of Pelham".**
- **Copy of valid Photo Identification**
- **Self addressed, stamped/return envelope**