

Colony of the Arts

TOWN OF WOODSTOCK . 45 COMEAU DRIVE, WOODSTOCK NY 12498

APPLICATION FOR A COPY OF A DEATH RECORD
PLEASE COMPLETE FORM AND ENCLOSE FEE

Please print or type.

FEE: \$10.00 PER COPY

Make checks payable to: TOWN OF WOODSTOCK

Do not send cash or stamps.

NAME OF DECEASED First Middle Last	DATE OF DEATH or Period to be covered by Search
NAME OF FATHER OF THE DECEASED First Middle Last	MAIDEN NAME OF MOTHER OF THE DECEASED First Middle Last
SOCIAL SECURITY NUMBER	DATE OF BIRTH OF THE DECEASED
AGE AT DEATH	What was your relationship to the deceased?
In what capacity are you acting?	If attorney: Name and relationship of your client to deceased:

Place of Death: _____
Name of Hospital or Street Address Village, town or City County

Signature of Applicant _____ Date: _____
Address of Applicant _____ Phone #: _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me this ____ day of _____

Notary Public

SEAL:

**COMPLETE FOR DEATHS OCCURRING AS OF
JANUARY 1,1988**

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____ Zip _____

_____ Number of copies requested with confidential
cause of death.

_____ Number of copies requested without
confidential cause of death