

*Colony of the Arts*

TOWN OF WOODSTOCK . 45 COMEAU DRIVE, WOODSTOCK NY 12498

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**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.**

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

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