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.

<table>
<thead>
<tr>
<th>NAME OF DECEASED</th>
<th>DATE OF DEATH or Period to be covered by Search</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NAME OF FATHER OF THE DECEASED</th>
<th>MAIDEN NAME OF MOTHER OF THE DECEASED</th>
</tr>
</thead>
<tbody>
<tr>
<td>First</td>
<td>Middle</td>
</tr>
</tbody>
</table>

| 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**  
Number of copies requested with confidential cause of death.  
Number of copies requested without confidential cause of death  
Please print name and address where record should be sent:

Name ____________________________  
Address ____________________________  
City ____________________________ State _____ Zip _________