



Please Print Clearly

Town of West Greenwich, Town Clerk's Office, 280 Victory Highway, West Greenwich, RI 02817

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 GREENWICH)

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: _____

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

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