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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