

TOWN OF WALWORTH
SUSIE C. JACOBS, TOWN CLERK, CMC, RMC
3600 LORRAINE DRIVE
WALWORTH NY 14568
Phone: 315-986-1400, Ext302
Fax: 315-986-1440

Please fill out as much information as you can on the attached form. We will also need a copy Of some type of picture ID, usually a driver's license (see types of acceptable identification Below), and a **check for \$10.00** made payable to "**Walworth Town Clerk**". Return the completed form to: Walworth Town Clerk's Office
3600 Lorraine Drive
Walworth NY 14568

Death Certificate – A certified copy or a certified transcript of a death may be issued:

1. To a person with a New York State Court Order issued on a showing of necessity;
2. To the spouse, parent, or child of the deceased;
3. To the lawful representative of the spouse, parent or child of the deceased;
4. To a person requiring the record for a documented legal right or claim;
5. To a municipal, state or federal agency when needed for official purposes.

Types of Acceptable Identification:

1. Driver's License
2. Non-driver's License
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills showing applicants name and address
8. Police report of lost or stolen ID

DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED.



Susie C. Jacobs, CMC, RMC
Walworth Town Clerk

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____				Date _____	
Address of Applicant _____					

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 Code _____