



PLEASE TYPE OR PRINT CLEARLY

Mail to RI Department of Health, Office of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908

Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.

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/domestic registered partner (if applicable):

Mother's/parent's full name at birth:

Father's/parent's full name at birth:

2. I am applying for the death record of (complete one of the following):

- checkbox my parent, checkbox my spouse/civil union partner/registered domestic partner, checkbox my child, checkbox my grandparent, checkbox other relative (specify):, checkbox my client. I am an attorney representing: . The name of the law firm is:, checkbox my client. The name of the insurance company is:, checkbox another person (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.)

- checkbox probate, checkbox foreign government, checkbox social security, checkbox other use (specify):, checkbox vets benefits, checkbox property title

4. Copies cost \$22.00. Any additional copies of this record purchased this same day cost \$18.00 each.

How many copies do you want? (We accept cash/checks/credit + fee) (Make check payable to: Town of Cumberland)

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 RI (printed below).

Please sign _____ signature of person completing this form _____ date signed

Type or print your name: Type or print your phone number: ()

Type or print your address: (include street or mailing address, city/town, state, and zip code.)

ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID

From Section 23-3-28 of the General Laws of Rhode Island:

“§23-3-28 Penalties. — (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment [...] shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.”