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 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 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: ________________

VS-82D (Rev. 07/01/2018)