



Please Print Clearly

Pawtucket City Clerk's Office, 137 Roosevelt Avenue, Pawtucket, RI 02860

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: City of Pawtucket)

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

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations: Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof. . . 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.

Please sign _____

signature of person completing this form

date signed

Print your name: _____ Print your phone #: () _____

Print your address _____

street or mailing address

city/town

state

zip code

ATTACH A PHOTO COPY OF A VALID GOVERNMENT ISSUED PHOTO ID

(Such as a Driver's License, State ID or Passport)

(Please Note: If you do not have a valid photo ID, please send two (2) pieces of mail with the same name and same address)