



**Please Print Clearly**

Rhode Island Department of Health, Center of Vital Records, 3 Capitol Hill, Rm. 101, Providence, RI 02908-5097

**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 Foster**)

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: \_\_\_\_\_