

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

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): _____

***Copies issued for foreign governments must be issued by the State Office only**

4. Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00. Any additional copies of this record purchased the same day cost \$18.00 each.

How many do you want? _____

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

*****BELOW THIS LINE FOR OFFICE USE ONLY*****

Type of Picture ID: _____ ID Number: _____ ID Issued by: _____

State/Local File # _____ Amt. rec'd _____ Rec't # _____ Date sent _____ Initials _____

	Birth	Death	Marriage/Civil Union
Number of first copies Walk-In / Mail-In	_____	_____	_____
Number of additional copies:	_____	_____	_____
Number of searches	_____		
Additional years searched	_____		

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.

IF REQUESTING COPIES OF A DEATH CERTIFICATE BY MAIL:

- **PLEASE INCLUDE PAYMENT IN THE FORM OF A MONEY ORDER MADE PAYABLE TO THE:**

“TOWN OF PORTSMOUTH”

- **A COPY OF THE PHOTO I.D. OF THE PERSON SIGNING THE REQUEST.**

- **MAIL YOUR REQUEST TO:**

**TOWN CLERK
TOWN OF PORTSMOUTH
2200 EAST MAIN ROAD
PORTSMOUTH, RI 02871**