

**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 North Smithfield)

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: \_\_\_\_\_

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

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

Cash

Check

Change  \*\*\*\*\*

Birth                      Death                      Marriage                      Civil Union

Number of first copies Walk-In / Mail-In                      \_\_\_\_\_

Number of additional copies                      \_\_\_\_\_

Number of searches                      \_\_\_\_\_

Additional years searched                      \_\_\_\_\_

FOR STATE USE ONLY:    Delayed Filing \_\_\_\_\_ Correction \_\_\_\_\_ P/L \_\_\_\_\_ A \_\_\_\_\_

**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.