

Town of Keene
PO Box 245
Keene, NY
518-576-4444
townclerk@townofkeeneny.gov

APPLICATION FOR A DEATH RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

NAME OF DECEASED FIRST MIDDLE LAST	DATE OF DEATH MONTH / DAY / YEAR
PLACE OF DEATH NAME OF HOSPITAL OR STREET ADDRESS	AGE AT DEATH
MAIDEN NAME OF MOTHER OF THE DECEASED	DATE OF BIRTH MONTH / DAY / YEAR
NAME OF FATHER OF THE DECEASED FIRST MIDDLE LAST	

WHO IS REQUESTING THIS RECORD

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED?		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	\$10.00 Fee for <u>each</u> Certified Copy
NOTE: Please enclose a self-addressed stamped envelope		Checks made payable to: Town of Keene

IDENTIFICATION REQUIRED

<ul style="list-style-type: none"> • *Valid photo-ID 	<ul style="list-style-type: none"> • Valid photo-ID, AND • Proof of relation to Applicant, AND • Notarized letter authorizing the release of his or her Certificate to you
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ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.