Please Print Clearly

Funeral Director Application for a Certified Copy of a Death Record

At the City/Town Office in: _____

Please complete ALL items 1-4 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) _____

2. Complete this statement:

   I am representing the funeral home that handled the service for the above-listed decedent. Name of Funeral Home: _____

3. Copies cost $20.00 for the first copy and $15.00 for additional copies of this same record ordered today.
   How many do you want? _____

4. 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 RI printed below.

   Please sign _____ _____
   signature of person filing this form date signed

   Print your name _____

   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:_____

Personally known to: _____
signature of office employee

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

Number of first copies _____ Number of additional copies _____

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.

VS-82D - FD(8/14/07)