Please Print Clearly

Coventry Town Hall, 1670 Flat River Rd, Coventry, RI 02816

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 (if married) _____

   Mother's full maiden name _____

   Father's full name _____

2. Complete one of the following:

   I am applying for the death record of:

   my parent my spouse my child my grandparent

   other relative (specify): _____

   my client. I am 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 (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 vets benefits property title

   foreign government other (specify): _____

4. **Copies cost $20.00. Any additional copies of this record purchased this same day cost $15.00 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 RI (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: _____

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