Application for Copy of Death Certificate

Required ID must be included with application. Make check or money order payable to Town of Avon for $10.00 per copy or No Record Certification and send to: Sharon M. Knight, CMC/RMC
23 Genesee Street
Avon, NY 14414

Name of Deceased: *First* *Middle* *Last*		Social Security No. of Deceased:
Date of Death or Period to be Covered by Search: *(mm / dd / yyyy)*	Date of Birth of Deceased: *(mm / dd / yyyy)*	Age at Death:
Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*		Death Certificate No.: *(if known)*
Name of Father of Deceased: *First* *Middle* *Last*		Local Registration No.: *(if known)*
Place of Death: *Name of Hospital of Street Address* *Village, Town, or City* *County*		
Purpose for which Record is Required:	What is your relationship to person whose record is required?	
In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:	

Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.

Signature of Applicant: ➡

Date Signed:		
Month	Day	Year

Address of Applicant:

_____
(Applicant's Name)

_____
(Street)

_____
(City) *(State)* *(Zip)*

Telephone No.: (_____) _____

Please print or type the name and address where record should be sent: *(If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's drivers license.)*

_____
(Name)

_____
(Street)

_____
(City) *(State)* *(Zip)*