



**PLEASE TYPE OR PRINT CLEARLY**

Mail to East Greenwich Town Clerk's Office, 125 Main Street, P.O. Box 111, East Greenwich, RI 02818

**Application for a Certified Copy of a Death Record**

**Please complete ALL items 1-5 below. If you type your information, use the tab key on your keyboard to move to each gray-shaded field.**

**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/domestic registered partner (if applicable):

Mother's/parent's full name at birth:

Father's/parent's full name at birth:

**2. I am applying for the death record of (complete one of the following):**

my parent                       my spouse/civil union partner/registered domestic partner

my child                       my grandparent       other relative (specify):

my client. I am an attorney representing: ~~XXXXXXXXXXXX~~ The name of the law firm is:

my client. 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 use (specify):

**4. Copies cost \$2.00. Any additional copies of this record purchased this same day cost \$1.00 each.**

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How many copies do you want?                      (Make check payable to: East Greenwich Town Clerk)

**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 below).**

Please sign \_\_\_\_\_  
signature of person completing this form                      date signed

Type or print your name:                      Type or print your phone number: (      )

Type or print your address:  
(include street or mailing address, city/town, state, and zip code.)

**ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID**

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

Type of Valid Picture ID: ID Number: ID Issued by:

State/Local File #: Amt. rec'd: Check #: Date Sent: Initials:

Number of first copies (walk-in) \$22 Birth Death Marriage/Civil Union

Number of first copies (mail-in) \$25

Number of additional copies \$18

Number of searches

Additional years searched

From Section 23-3-28 of the General Laws of Rhode Island:

"§23-3-28 Penalties. — (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment [...] 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."