PLEASE TYPE OR PRINT CLEARLY

Mail to City of East Providence, Vital Records, 145 Taunton Avenue, East Providence, RI 02914

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: . 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 (specify country of use): ☐ other use (specify):

4. Walk-In Copies cost $22. Mail-In Copies cost $25.
Additional copies of <u>this record</u> purchased the <u>same day</u> cost $18 each.

How many copies do you want? (Make check/money order payable to: City of East Providence)

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

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."