Please Print Clearly

Town of Tiverton, Rhode Island, Town Clerk's Office 343 Highland Rd. Tiverton, RI 02878

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/civil union partner/registered domestic partner (if applicable)_____

   Mother/Parent's full birth name _____

   Father/Parent's full birth name_____

2. Complete one of the following: I am applying for the death record of:

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

   ☐ my grandparent ☐ other relative (specify) _____

   ☐ my client. I'm 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 (please 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 Administration ☐ veteran's benefits ☐ property title

   ☐ foreign gov't ☐ other use (please specify): _____

4. **Walk-In Copies cost $22.00. Mail-In Copies cost $25.00.**
   Any additional copies of this record purchased this same day cost $18.00 each.

   How many do you want? _____ **(Make check/money order payable to Town of Tiverton)**

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 Rhode Island (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

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

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

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

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

State/Local File #_____ Amt. rec'd _____ Rec't # _____Date sent_____Initials_____

Cash ☐
Check ☐
Change ☐

	Birth	Death	Marriage/Civil Union
Number of first copies Walk-In / Mail-In	_____	_____	_____
Number of additional copies	_____	_____	_____

Number of searches _____

Additional years searched _____

FOR STATE USE ONLY: Delayed filing _____ Correction _____ P/L _____ A _____

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.