

Please Print Clearly

LINCOLN TOWN CLERK, LINCOLN TOWN HALL, 100 OLD RIVER ROAD, PO BOX 100 LINCOLN RI 02865

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 you needs.)

probate social security vets benefits property title

foreign country other (specify): _____

4. Copies cost \$20.00 for the first copy and \$15.00 for additional copies of this same record ordered today. How many do you want? _____

PLEASE MAKE CHECKS PAYABLE TO: TOWN OF LINCOLN

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 _____

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: _____

PLEASE INCLUDE A VALID, LEGIBLE COPY OF YOUR DRIVERS LICENSE

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

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

Birth Death Marriage

Number of first copies _____

Number of additional copies _____

Number of search _____

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.