

Town of North Elba
 2693 Main Street, Suite 101, Lake Placid, NY 12946
 Laurie C. Dudley, Town Clerk Chelsie Geesler, Deputy Clerk

Office Hours
 Monday – Friday
 9:00am – 5:00pm

ldudley@northelba.org
 518-523-2162 Voice
 518-523-9569 Fax

APPLICATION FOR A DEATH RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

NAME OF DECEASED	DATE OF DEATH
FIRST MIDDLE LAST	MONTH / DAY / YEAR
PLACE OF DEATH	AGE AT DEATH
NAME OF HOSPITAL OR STREET ADDRESS	
MAIDEN NAME OF MOTHER OF THE DECEASED	DATE OF BIRTH
	MONTH / DAY / YEAR
NAME OF FATHER OF THE DECEASED	
FIRST MIDDLE LAST	

WHO IS REQUESTING THIS RECORD

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED?		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	<p>\$10.00 Fee for <u>each</u> Certified Copy</p> <p>Checks made payable to: Town of North Elba</p> <p style="text-align: center;">or</p> <p>Credit Card number _____ Exp. date _____</p> <p>***Credit Card User Fee of \$1.75 will be added to your card ***</p> <p>Signature: _____</p>
<p>NOTE: Please enclose a self-addressed stamped envelope</p>		

IDENTIFICATION REQUIRED

<ul style="list-style-type: none"> • *Valid photo-ID 	<ul style="list-style-type: none"> • Valid photo-ID, AND • Proof of relation to Applicant, AND • Notarized letter authorizing the release of his or her Certificate to you
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ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.