



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

JACLYN GOMEZ
First Deputy

MARISOL CANCEL
Deputy

Enclosed is the application for a copy of a death certificate. You must:

- ◆ Fill out the form completely and have it notarized
- ◆ Enclose a copy of your current driver's license/passport
- ◆ If death certificate is regarding your parent, enclose a copy of your birth certificate with parents' information
- ◆ If death certificate is regarding your spouse, enclose a copy of your marriage certificate
- ◆ If death certificate is regarding your sibling, enclose a copy of your birth certificate with parents' information
- ◆ Enclose a check or money order in the amount of ten (10) dollars per copy made payable to "Haverstraw Town Clerk"
- ◆ Write your phone number on the check or money order
- ◆ Mail all the information to: Town of Haverstraw

Town Clerk's Office
1 Rosman Road, Suite 240
Garnerville, NY 10923

As soon as I receive your information I will send you your copy. If you have any questions, please feel free to contact my office. Thank you and have a nice day.

Sincerely,

Raquel Ventura
Town Clerk

**Application to Local Registrar
 for Copy of Death Record
 (Submit to Town Clerk)**

PLEASE COMPLETE FORM AND ENCLOSE FEE
FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE	
Name of Deceased First Middle Last	Date of Death or Period to be Covered by Search
Name of Father of Deceased First Middle Last	Social Security Number of Deceased
Maiden Name of Mother of Deceased First Middle Last	Date of Birth of Deceased Month Day Year
Age at Death	Place of Death Name of Hospital or Street Address Village, Town or City County
Purpose of Which Record is Required? _____	
What was your relationship to the deceased? _____	
In what capacity are you acting? _____	
If attorney, name and relationship of your client to deceased _____	
Signature of Applicant _____ Date _____	
Address of Applicant _____	

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988
_____ Number of copies requested with confidential cause of death
_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT
Name _____
Address _____
City _____ State _____ Zip Code _____