



TOWN OF HAVERSTRAW
RAQUEL VENTURA
Town Clerk

MARISOL CANCEL
First Deputy

APRIL COBB
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			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		
First	Middle	Last	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 _____