



TOWN OF JAY

Office of the Town Clerk

Carol Greenley Hackel
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P.O. Box 730, 11 School Lane
Au Sable Forks, NY 12912

Telephone: (518) 647-2204
Fax: (518) 647-5692

APPLICATION FOR A DEATH RECORD

(Please print all items clearly)

Name on Deceased:			Date of Death (mm/dd/yyyy):
First	Middle	Last	
Place of Death:			Age at Death:
Name of Hospital or Street Address			
Maiden Name of Mother of the Deceased:			Date of Birth (mm/dd/yyyy):
Name of Father of the Deceased:			

WHO IS REQUESTING THIS RECORD?

Print Name:	Signature:
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: _____

Note: Please enclose a self-addressed, stamped envelope.	\$10.00 Fee for <u>each</u> Certified Copy Make checks payable to: Town of Jay
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Identification Required

If requesting for self: <ul style="list-style-type: none"> Valid photo ID 	If requesting for someone else: <ul style="list-style-type: none"> Valid photo ID Proof of relation to applicant Notarized letter authorizing release of certificate to you
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Attorney's- Please provide, on letterhead, the reason as to why you are requesting the above record.