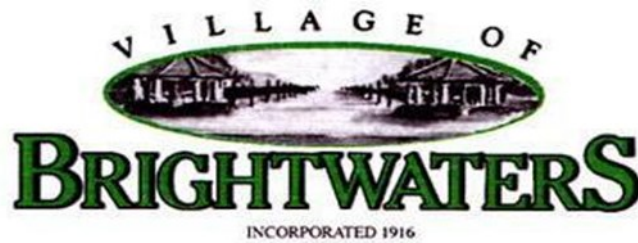


VILLAGE OF BRIGHTWATERS
40 Seneca Drive
Brightwaters, NY 11718
631-665-1280 fax: 631-665-2830



APPLICATION to Local Registrar for Copy of Death Record

(PLEASE PRINT OR TYPE)

Name of Deceased: _____
First Middle Last

Name of Father _____ Maiden Name of _____
of Deceased: _____ Mother of Deceased: _____

Date of death or period to be covered by search: _____

Date of Birth of Deceased: _____ Age at time of death _____

Social Security No. of deceased: _____ Place of Death: _____

Applicant Information

Print Name: _____ Signature: _____

Date: _____ Phone no: _____

Address: _____

Email address: _____ Relationship to deceased: _____

Purpose for which record is required: _____

If attorney, name and relationship of your client to deceased: _____

MAIL INS—Did you:

- _____ **Complete and sign the Application**
- _____ **Include Required copy of valid Photo ID (see below)**
- _____ **Do not send personal checks. Include \$10 fee per copy in a money order payable to the "Village of Brightwaters"**
- _____ **Include a stamped self-addressed envelope**

IDENTIFICATION REQUIREMENTS

Application must be submitted with copies of either A or B:

A. **One (1) of the following forms of valid Photo ID:**

*Driver's License *State issued non-driver's photo ID card *Passport *U.S. Military issued photo-ID

B. **Two (2) of the following showing the applicant's name and address:**

*Utility or telephone bills (current) *Letter from government agency dated within the last six (6) months