

**Funeral Director Request for Copy of Death Record  
Town of Hammond, NY**

Name of Deceased

\_\_\_\_\_

First

Middle

Last

Date of Birth \_\_\_\_\_ Age at Death \_\_\_\_\_

Place of Death \_\_\_\_\_ and Address:

\_\_\_\_\_ County \_\_\_\_\_

Purpose for Which Record is Required \_\_\_\_\_

\_\_\_\_\_

What was your relationship to the deceased? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

Number of Copies needed \_\_\_\_\_ or Certified Transcript of Death \_\_\_\_\_ (\$10.00 per copy)

Cause of Death needed on # \_\_\_\_\_ copies.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address where records should be sent** \_\_\_\_\_

\_\_\_\_\_

**Day Time Phone #:** \_\_\_\_\_