

**TOWN OF FRANKFORT
APPLICATION FOR COPY OF DEATH RECORD**

Registrar of Vital Statistics
Town of Frankfort
201 Third Ave.
Frankfort, NY 13340

Fee: \$10 per copy
Make checks payable to
Town of Frankfort
Please do not send cash

PLEASE COMPLETE FORM (PRINT OR TYPE) & ENCLOSE FEE

First	Middle	Last	
Name			Date of Death or Period to be Covered by Search
Place of Death (Address)			Frankfort Circle One: Village or Town
Father's Name			Maiden Name of Mother
Date of Birth of Deceased	Age at Death	Social Security Number of Deceased	

Purpose for Which Record is Required _____

Number of Copies Requested _____ at \$10 each.

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 _____

PLEASE PRINT NAME & ADDRESS WHERE RECORD SHOULD BE SENT

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

**YOU MUST SUBMIT COPY OF DRIVER'S LICENSE OR OTHER
FORM OF IDENTIFICATION WITH REQUEST**