

TOWN OF BEDFORD**Application for Copy of Death Record**

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 _____

Complete form and mail with a copy of the applicant's driver's license or picture identification and a check made payable to the Town of Bedford for \$10 per copy requested. Copies can only be issued to a family member. Mail to:

**Town Clerk, Town of Bedford
321 Bedford Road
Bedford Hills, NY 10507**