

# Village of Larchmont Death Certificate Request Form

Office of the Village Clerk \* 120 Larchmont Avenue \* Larchmont, New York 10538  
(914) 834-6230



Name: *(First, Middle, Last)* \_\_\_\_\_

Date of Death: \_\_\_\_\_ Place of Death: (Address, if known) \_\_\_\_\_

Father: *(First, Middle, Last)* \_\_\_\_\_

Mother's Maiden Name: *(First, Middle, Last)* \_\_\_\_\_

Number of copies requested: \_\_\_\_\_ (Fee: \$10.00 per certificate)

Purpose for which record is required: \_\_\_\_\_

## **APPLICANT INFORMATION**

Name: *(First, Middle, Last)* \_\_\_\_\_

Telephone number: \_\_\_\_\_

What was your relationship to person whose record is required? \_\_\_\_\_  
*(Please note that New York State only allows birth and death records to be issued to the child, parent, or spouse of the deceased, or other persons who have a lawful right or claim, documented medical need, and/or New York State Court Order.)*

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

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Applicant: *(Street, City, State, Zip Code)* \_\_\_\_\_

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## **For Office Use Only**

Request Completed \_\_\_\_\_ Amount Paid \_\_\_\_\_