

Village of Larchmont

Death Certificate Request Form

Office of the Village Clerk * 120 Larchmont Avenue * Larchmont, New York 10538
(914) 834-6230, press 1



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)* _____

Address: _____

Telephone number: _____

What was your relationship to person whose death certificate 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 NY State Court Order.)

In what capacity are you acting? _____

Applicant's Signature: _____

Date of Application: _____

To be Completed by Notary Public

Sworn to before me this _____ day of _____, 20____

Signature of Notary Public _____

Notary Seal/Stamp: