**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: