Town of North Elba
2693 Main Street, Suite 101, Lake Placid, NY 12946
Laurie C. Dudley, Town Clerk Jessica Scriver, Deputy Clerk

Office Hours
Monday – Friday
9:00am – 5:00pm

clerk@northelba.org
518-523-2162 Voice
518-523-9569 Fax

APPLICATION FOR A DEATH RECORD

(PLEASE PRINT ALL ITEMS CLEARLY)

NAME OF DECEASED FIRST MIDDLE LAST	DATE OF DEATH MONTH / DAY / YEAR
PLACE OF DEATH NAME OF HOSPITAL OR STREET ADDRESS	AGE AT DEATH
MAIDEN NAME OF MOTHER OF THE DECEASED	DATE OF BIRTH MONTH / DAY / YEAR
NAME OF FATHER OF THE DECEASED FIRST MIDDLE LAST	

WHO IS REQUESTING THIS RECORD

SIGNATURE	PRINT NAME	
STREET ADDRESS		
CITY	STATE	ZIP
DAYTIME TELEPHONE NUMBER		
YOUR RELATIONSHIP TO PERSON WHOSE RECORD IS REQUESTED? (IF SELF, STATE "SELF")		
FOR WHAT PURPOSE IS THIS INFORMATION REQUIRED?		

NO. OF COPIES	DATE	
		$10.00 Fee for each Certified Copy Checks made payable to: Town of North Elba **or** Credit Card number _____ Exp. date _____ Signature: _____ (User Fee 0f $1.75is added)
NOTE: Please enclose a self-addressed stamped envelope		

IDENTIFICATION REQUIRED

• *Valid photo-ID	• Valid photo-ID, **AND** • Proof of relation to Applicant, **AND** • Notarized letter authorizing the release of his or her Certificate to you

ATTORNEY'S, PLEASE PROVIDE ON LETTERHEAD THE REASON AS TO WHY YOU REQUIRE THE ABOVE RECORD.