

**Request for Copy of Death Record  
Town of Morristown  
Morristown, NY**

**Please Fill out Completely**

**Please Print**

**Name of Deceased**

**Date of Death**

\_\_\_\_\_  
Last                      First

\_\_\_\_\_  
Month/Day/Year

**Name of Father of Deceased  
Deceased**

**Maiden Name of Mother of**

\_\_\_\_\_  
Last                      First

\_\_\_\_\_  
Last                      First

Number of copies needed \_\_\_\_\_ (\$10.00 per copy)

Cause of Death needed on \_\_\_\_\_ copies.

Government Use copies needed. \_\_\_\_\_

Purpose for which record(s) are requested (incl. Government Use)

\_\_\_\_\_  
\_\_\_\_\_

Relationship to Deceased? \_\_\_\_\_

If Attorney, name and relationship of your client to deceased. \_\_\_\_\_

\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date** \_\_\_\_\_

Morristown Town Clerks Office PO Box 240 Morristown, NY 13664

\_\_\_\_\_  
\$10.00 per copy

Photo ID required

Local Checks Accepted or Money Order