

City of Central Falls Office of the City Clerk -580 Broad St. Central Falls, RI 02863

Application for a Certified Copy of a Death Record

Please complete ALL items 1-5 below:

1.	Please fill in the information below	for the person whose	death record you are	requesting:				
	Full name							
	Date of death	Place of death (city/	town/hospital name) _					
	Name of spouse/civil union partner/registered domestic partner (if applicable)							
	Mother/Parent's full birth name							
	Father/Parent's full birth name							
2.	Complete <u>one</u> of the following:	I am applying for th	e death record of:					
	my parent my spouse/civil union partner/registered domestic partner my child							
	my grandparent other relative (specify)							
	my client. I'm an attorney representing:							
	The name of the law firm is:							
	my client. I am an insurance company representative. The name of the insurance company is:							
	another person (please specify):							
3.	Why do you need this record? (We ask this question so that we can supply you with a certified copy that							
	will be suitable for your needs.)							
	probate Social Security Administration veteran's benefits property title							
	foreign gov't other use (please specify):							
4.	Walk-In Copies cost \$22.00. Mail-In Copies cost \$25.00. Any additional copies of <u>this record</u> purchased <u>this same day</u> cost \$18.00 each.							
	How many do you want? (Check/Money Order Payable to: City of Central Falls)							
5.	I hereby state that the information supplied in item #2 above is true and that I am not in violation of Section 23-3-28 of the General Laws of Rhode Island (printed on the reverse side of this form).							
	Please sign							
	Please sign signature of person completing this form date signed							
	Print your name			pho	one #			
	Print your addressstreet or m		•					
	street or m	nailing address	city/town	state	zip code			

Type of Picture ID:		ID Number:		ID Issued by:		
VS-82D (Rev. 07/01/2018)						
*********	*BELOW THIS	LINE FOR OFFICE	USE ONLY*	******	*******	
State/Local File #	Amt. rec'd	Rec't #	Da	ate sent	Initials	
Cash	****					
Number of first copies Walk	-In / Mail-In	Birth	Death	Marriage	Civil Union	
Number of additional copies						
Number of searches						
Additional years searched						
FOR STATE USE ONLY:	Delayed Filing	Correction _	P/L _	A		

Section 23-3-28 of the General Laws

I understand that Section 23-3-28 of the General Laws of Rhode Island provides penalties for either of the following violations:

Any person who willfully and knowingly makes any false statement in a report, record, certificate or application for an amendment thereof, or who willfully and knowingly supplies false information intending that such information be used in the preparation of any of the such report, record, or certificate, or amendment thereof . . . shall be punished (if convicted) by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one (1) year or both.