Please Print Clearly
Town of Gloucester, 1145 Putnam Pike, PO Box B, Chepachet, RI 02814
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 one of the following: I am applying for the 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): ____________________________

   Any additional copies of this record purchased this same day cost $18.00 each.

   How many do you want? ______________ (Check/Money Order Payable to: Town of Gloucester)

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 ______________________ signature of person completing this form __________ date signed

   Print your name __________________________ (______) __________________________ phone #

   Print your address __________________________ street or mailing address __________________________ city/town state zip code

   Type of Picture ID: ______________________ ID Number: ______________________ ID Issued by: ______________________

VS-82D (Rev. 07/01/2018)
MAIL IN REQUESTS: ATTACH PHOTOCOPY OF VALID GOVERNMENT ISSUED PICTURE ID