

**Please Print Clearly**

Providence City Registrar, Providence City Hall, Room 104  
25 Dorrance St., Providence, RI 02903

**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 (if married) \_\_\_\_\_  
Mother's full maiden name \_\_\_\_\_  
Father's full name \_\_\_\_\_

2. Complete one of the following:

I am applying for the death record of:

- ~ my parent          ~ my spouse          ~ my child          ~ my grandparent  
~ other relative (specify): \_\_\_\_\_  
~ my client. I am 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 (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                      ~ vets benefits                      ~ property title  
~ foreign government                      ~ other (specify): \_\_\_\_\_

4. Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.  
How many do you want? \_\_\_\_\_

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 RI (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

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

Type of picture ID: \_\_\_\_\_ ID number: \_\_\_\_\_ ID issued by: \_\_\_\_\_  
VS-82D (Rev. 08/07)

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State/Local File # \_\_\_\_\_ Amt. rec'd \_\_\_\_\_ Rec't # \_\_\_\_\_ Date sent \_\_\_\_\_ Initials \_\_\_\_\_

	Birth	Death	Marriage
Number of first copies	_____	_____	_____

Number of additional copies	_____	_____	_____
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Number of searches	_____
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Additional years searched	_____
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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.

**PLEASE SEE WEBSITE FOR MAILING  
INSTRUCTIONS**