

DEATH CERTIFICATE
APPLICATION FORM

To ensure a complete search, provide as much information as possible.
See www.city-buffalo.com/Death for complete requirements.

DEATH

Name at Death: _____
Date of Death: _____ Age at Death: _____
Place of Death: _____
Name of Parents: _____
Name of Spouse: _____

DEATH

Name at Death: _____
Date of Death: _____ Age at Death: _____
Place of Death: _____
Name of Parents: _____
Name of Spouse: _____

For what purpose is this information required? _____
What is your relationship to person whose record is requested and in what capacity are you acting?

SIGNATURE OF APPLICANT: _____
ADDRESS: _____
PHONE NUMBER: () _____ EMAIL: _____
Send record to: (please print)
Name: _____
Address: _____
City: _____ State: _____ Zip: _____