Please Print Clearly

Town of Little Compton, RI, PO Box 226, Little Compton, RI 02837

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 Little Compton, RI)

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)
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.