## **Affidavit to Request Certified Copy of Death Certificate**

		Ref. #	
l,	swear or affirm	under penalty of perju	ury that the statements
made herein and any accompanying documentation are true and correct to			ary that the otation of the
I reside at			
(Street Address)	(City)	(State)	(ZIP Code)
and I am requesting a certified copy of the death record of	(Full Name of Decease	d - Firet Middle I aet)	who
	(1 dii Naine oi Deceasei	u - I II St Wildale Lasty	
was born on and who died on (Date of Dec	ath or Period to Be Searched)	· ·	
The death accurred in the City Town or Village of			in New York State.
The death occurred in the City, Town or Village of (City, Town or Vi	llage Where Death Is Believed	l to Have Occurred)	III New York State.
A certified copy of this record is required for the purpose of obtaining citize	enship with		
, restance copy of the research of equilibrium parposes of estamling states		(Name of Country)	
I also swear or affirm that this affidavit is being made for the sole purpos photocopies of the citizenship requirements as well as any birth and/or ma			
,		,	····
	Signature of Applicant		
Below to be completed by Notary Public	Signature of Applicant		
STATE OF \ ss:			
COUNTY OF			
Subscribed and sworn to (affirmed) before me this day			
of,			
<b>•</b>			
Notary Public DOH-5001 (5/10)			