TOWN OF CONSTANTIA
PO Box 222
14 Frederick Street
Constantia, New York 13044

Town Clerk's Office
(315) 623-9206

I hereby request a copy of the following Death Certificate:

Name of Deceased: _____
First Middle Last

Date of Birth: _____ Date of Death: _____

Name of Father: _____ Maiden Name of Mother: _____

Place of Death: _____ Purpose for Which Record if Required: _____

What was your relationship to the deceased? _____ In what capacity are you acting? _____

Your Name and Mailing Address: _____ Phone Number: _____

_____

_____

Date: _____ Signature of Applicant: _____

For Mail Requests *ONLY*: THIS FORM MUST BE NOTARIZED!

On this ____day of _____, _____, before me personally appeared: _____
To me know to be the individual described in, and who executed the foregoing instrument, and acknowledged that he/she executed the same.

Notary Signature: _____

-Copy of photo ID (Driver's License, etc.) must be enclosed with this form.
-Along with a self-addressed stamped envelope

Remit $15.00 Cash, Check or Money Order for each document Payable to Constantia Town Clerk

For Office Use: Book: _____ Volume: _____ Page: _____

Date Mailed/Given to Applicant: _____