



TOWN OF ISLIP – ATTN: REGISTRAR'S OFFICE  
 OFFICE OF THE TOWN CLERK  
 655 Main St., Islip NY 11751  
[townclerk@islipny.gov](mailto:townclerk@islipny.gov)  
 631-224-5498

LINDA D. VAVRICKA  
 TOWN CLERK & REGISTRAR OF VITAL STATISTICS

### Application to Local Registrar for Copy of Death Record

**Required ID must be included with application. Money order or check payable to the Town of Islip  
 FEE: \$10.00 PER COPY**

**PLEASE PRINT OR TYPE**

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Date of Birth of Deceased		
First	Middle	Last	Month	Day	Year
Maiden Name of Mother of Deceased			Age at Death		
First	Middle	Last			
Place of Death					
Name of Hospital or Street Address		Village	Town or City County		
What was your relationship to the deceased? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____			Date _____		
Address of Applicant _____					
Telephone Number _____					
Number of copies requested _____with confidential cause of death			Number of copies requested _____without confidential cause of death		

**IF REQUESTED BY MAIL PLEASE PRINT ADDRESS WHERE RECORD SHOULD BE SENT**

Address _____					
City _____		State _____		Zip Code _____	

Funeral Home: \_\_\_\_\_