

**Application for a Certified Copy of a Death Record**

**Town of South Kingstown, 180 High Street, Wakefield, RI 02879**

**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 (if married) \_\_\_\_\_  
Mother's full maiden name \_\_\_\_\_  
Father's full name \_\_\_\_\_
2. Complete one of the following:  
I am applying for the death record of:  
 my parent       my spouse       my child       my grandparent  
 other relative (specify) \_\_\_\_\_  
 my client. I am 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 (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       vets benefits       property title  
 foreign government       other (specify): \_\_\_\_\_
4. **Copies cost \$20.00. Any additional copies of this record purchased this same day cost \$15.00 each.**  
How many do you want? \_\_\_\_\_
5. I hereby state that the information supplied in Item #2 above is true and that I am no in violation of Section 23-3-28 of the General Laws of RI (printed on the reverse side of this form.)

Please sign \_\_\_\_\_ date signed \_\_\_\_\_  
Signature of person completing this form

Print your name \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone #

Print your address \_\_\_\_\_  
Street or mailing address      city/town      state      zip code

\*\*\*\*\*BELOW THIS LINE FOR OFFICE USE ONLY\*\*\*\*\*

Type of picture ID: \_\_\_\_\_ ID number \_\_\_\_\_ ID issued by: \_\_\_\_\_

### **Who can apply or obtain Vital Records?**

Vital records are confidential. Therefore, only those individuals who have what is called a "Direct and Tangible Interest" in the records may have access to records. The following individuals and/or groups make-up those having direct and tangible interest:

1. The person named on the certificate, a member of his/her immediate family, his guardian, or an authorized agent of these individuals; or
2. Attorneys-at-law, title examiners, or members of legally incorporated genealogical societies, in the conduct of their official duties; or
3. Persons requiring information for the determination or protection of a personal or property right; or
4. A person who has been granted a court order instructing the registrar to provide disclosure.

**Note:** A direct and tangible interest shall not be demonstrated by firms, agencies, or individuals requesting information to be used for commercial purposes.

### **DEATH CERTIFICATES**

The Town Clerk's office issues certified copies of death certificates of individuals who died within South Kingstown or who were residents of South Kingstown at the time of their death. Certified copies of death certificates will only be issued to the next of kin or to persons with a legal right to the information. Certified copies may be requested in person or via mail. The cost is \$20 for the first copy and \$15 for each additional copy if purchased at the same time. The request must include the number of copies wanted, the full name of the decedent, date of death, town where death occurred if not in South Kingstown, your relationship to the person named on the certificate, your signature, why you need the record, a daytime telephone number, a copy of your driver's license and a self addressed stamped envelope along with a check made payable to the Town of South Kingstown. If further information is needed, please call the Town Clerk's Office at 401-789-9331.

### **RIGL SECTION 23-3-28**

**§ 23-3-28 Penalties.** – (a) Any person who willfully and knowingly makes any false statement in a report, record, or certificate required to be filed under this chapter, or in an application for an amendment of those, or who willfully and knowingly supplies false information intending that this false information be used in the preparation of any report, record, or certificate, or amendment; or

(2) Any person who without lawful authority and with the intent to deceive, makes, alters, amends, or mutilates any report, record, or certificate required to be filed under this chapter or a certified copy of any report, record, or certificate; or

(3) Any person who willfully and knowingly uses or attempts to use, or furnish to another for use, for any purpose of deception, any certificate, record, report, or certified copy thereof so made, altered, amended, or mutilated; or

(4) Any person who with the intention to deceive willfully uses or attempts to use any certificate of birth or certified copy of a record of birth knowing that the certificate or certified copy was issued upon a record which is false in whole or in part or which relates to the birth of another person; or

(5) Any person who willfully and knowingly furnishes a certificate of birth or a certified copy of a record of birth with the intention that it be used by a person other than the person to whom the record of birth relates;

Shall be punished by a fine of not more than one thousand dollars (\$1,000) or imprisoned not more than one year, or both.

- (b) Any person who knowingly transports and accepts for transportation, interment, or other disposition a dead body without an accompanying permit as provided in this chapter; or
- (2) Any person who refuses to provide information required by this chapter; or
- (3) Any person who willfully neglects or violates any of the provisions of this chapter or refuses to perform any of the duties imposed upon him by this chapter;

Shall be punished by a fine of not less than twenty-five dollars (\$25.00) nor more than one hundred dollars (\$100) or be imprisoned for not more than thirty (30) days, or by both fine and imprisonment.