Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification				
Identification Requirements: Application <i>must</i> be submitted with copies of either A or B. (Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.) A. One (1) of the following forms of valid photo-ID: -OR- • Driver license • Driver license				
Non-driver photo-ID Passport	Utility or telephone billsLetter from a government agency dated within the			
• Employment ID last six (6)				-it-NtD
Name of Deceased:	enance e sum en accesa as amendo antenance en accesa en accesa en accesa en accesa en accesa en accesa en acce		Social Seci	urity No. of Deceased:
	ada ada ang ada 18 da dan 18 da ang da da da da da ang ang da ang ang ang ang ang ang ang ang ang an		***************************************	
First Middle Last Date of Death or Period to be Covered by Search: (mm/dd/yyyy) Date of Birth of			Jeressed.	Age at Death:
Pate of Pottin of Formation and Pottin of Pott			eceaseu.	Age at Death.
F	T-			***************************************
From To mm / dd / Maiden Name of Mother of Deceased:			Death Certificate No.: (If known)	
gan ang daniman kharakan manggan magan kamang kgang-akigip pengganah menangga mungu.	е доменни в турк така в темуна дода тар, на дена и параван бан в станаровани и а моро одноре единар. Чамко	, должууда адиминумин канада башиминан адарынды ее чет така теребет		*
First	Middle	Maiden Last		
Name of Father of Deceased:			Local R	egistration No.: (If known)
First	Middle	Last		
Place of Death:				ennementaria en
So zame 4 n.C. Polity 7 s. Politic zam 2 million 200 kawa milana makana makana makana makana makana makana maka	e vertriginal helpersel terligika lilikkolokiski biliku kiri veriki teritari menerengalikko keterania vikirikki kiliku ja veri	n dig ali suurdikkuungah kika carahakka sakka kakka kan karan a kan mara kake mesis ana is ana kadi kisa kaka		**************************************
Name of Hospital or Stree Number of Copies Requested	t Address : (For deaths occurring as of Janu	Village, town or city arv 1, 1988 specify with or with		County tial cause of death.)
Copies requested with Copies requested without Total number of				
confidential cause of death copies requested				
Purpose for which Record is Required: What is your relationship to person whose record is required				
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In what capacity are you acting? If attorney, give name and relationship of your client to person whose record is required:				
e en				
 ** 1 374-1471923443	not the parent or child of the	않아면 지금, 공연하는 아이들은 생각을 다 생각하는 것이다. 하는 것이 그리지 않는다.		
at the time	of death, you must submit Date Signed:			
Signature of Applicant:	Month Day Year	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)		
		Type of ID:		
>	Driver License			
Address of Applicant:	Issuing state:			
way a market of a market a market and a market a	Expiration date:			
(Applicant's Name)				
	Number:			
	Other ID, Specify			
(Street)		Number:		
green not-commencement on the CTCTAMENDALONS RECORDS AND MAKE MAKE MAKE MAKE MAKE MAKE MAKE MAKE		Туре:		
(City)	(State) (Zip)	Number:		
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