

Amigone

Funeral Home, Inc.

DEATH CERTIFICATE REQUEST

Your Relationship to the Decedent:

Name of Decedent:

Place of Death (specific community/town/city):

Date of Death:

Birthplace of Decedent (city/state):

Your name

Address

E-mail

Phone Number: Home

Work

Comments

Number of Certificates: x \$10 ea. = TOTAL \$

Please include a check for the total amount payable to Amigone Funeral Homes and mail to:

Amigone Funeral Home
2600 Sheridan Drive
Tonawanda, NY 14150-9414

We will confirm your request by phone or E-mail. You may also contact us at (716) 836-6500.