

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

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

Fee: County Districts - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* 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-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: _____ Social Security No. of Deceased: _____

First _____ Middle _____ Last _____

Date of Death or Period to be Covered by Search: (mm/dd/yyyy) _____ Date of Birth of Deceased: _____ Age at Death: _____

From _____ To _____ mm / dd / yyyy _____ Death Certificate No.: (If known) _____

Maiden Name of Mother of Deceased: _____

First _____ Middle _____ Maiden Last _____

Name of Father of Deceased: _____ Local Registration No.: (If known) _____

First _____ Middle _____ Last _____

Place of Death: _____

Name of Hospital or Street Address _____ Village, town or city _____ County _____

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)

Copies requested with confidential cause of death _____ Copies requested without confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required: _____ What is your relationship to person whose record is required? _____

In what capacity are you acting? _____ If attorney, give name and relationship of your client to person whose record is required: _____

If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant: _____

Date Signed:
Month _____ Day _____ Year _____

FOR REGISTRAR'S USE ONLY

(Photocopy ID and attach to application form)

Type of ID: _____

Driver License

Issuing state: _____

Expiration date: _____

Number: _____

Other ID, Specify _____

Number: _____

Type: _____

Number: _____

Type: _____