

**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:
<div style="display: flex; justify-content: space-between;"> <span><i>First</i></span> <span><i>Middle</i></span> <span><i>Last</i></span> </div>	

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)	Date of Birth of Deceased:	Age at Death:
<div style="display: flex; justify-content: space-between;"> <span><i>From</i></span> <span><i>To</i></span> </div>	<i>mm / dd / yyyy</i>	

Maiden Name of Mother of Deceased:	Death Certificate No.: (If known)
<div style="display: flex; justify-content: space-between;"> <span><i>First</i></span> <span><i>Middle</i></span> <span><i>Maiden Last</i></span> </div>	

Name of Father of Deceased:	Local Registration No.: (If known)
<div style="display: flex; justify-content: space-between;"> <span><i>First</i></span> <span><i>Middle</i></span> <span><i>Last</i></span> </div>	

Place of Death:
<div style="display: flex; justify-content: space-between;"> <span><i>Name of Hospital or Street Address</i></span> <span><i>Village, town or city</i></span> <span><i>County</i></span> </div>

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)		
Copies requested <b>with</b> confidential cause of death _____	Copies requested <b>without</b> 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 <div style="display: flex; justify-content: space-around; width: 100px;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>	<div style="text-align: center; border: 1px solid black; padding: 2px; margin-bottom: 5px;"><b>FOR REGISTRAR'S USE ONLY</b></div> <div style="text-align: center; font-size: small;">(Photocopy ID and attach to application form)</div> <div style="margin-bottom: 10px;">             Type of ID:  <input type="checkbox"/> Driver License           </div> <div style="margin-bottom: 10px;">             Issuing state: _____           </div> <div style="margin-bottom: 10px;">             Expiration date: _____           </div> <div style="margin-bottom: 10px;">             Number: _____           </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Other ID, Specify           </div> <div style="margin-bottom: 10px;">             Number: _____           </div> <div style="margin-bottom: 10px;">             Type: _____           </div> <div style="margin-bottom: 10px;">             Number: _____           </div> <div style="margin-bottom: 10px;">             Type: _____           </div>
Address of Applicant:  <div style="border-bottom: 1px solid black; margin-bottom: 5px;">(Applicant's Name)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">(Street)</div> <div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> <span>(City)</span> <span>(State)</span> <span>(Zip)</span> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Telephone No.: (    )</div>		