

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

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

Fee: Monroe County - \$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

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| Name of Deceased: | Social Security No. of Deceased: |
| <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </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; font-size: small;"> From To </div> | mm / dd / yyyy | |

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

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

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

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 _____ |
|---|--|---|

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|---------------------------------------|---|
| 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: |
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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.

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|---|---|-------|-----|------|--|--|--|--|
| Signature of Applicant: | Date Signed: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 33%; font-size: x-small;">Month</td> <td style="border: 1px solid black; width: 33%; font-size: x-small;">Day</td> <td style="border: 1px solid black; width: 33%; font-size: x-small;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> | Month | Day | Year | | | | <div style="text-align: center; font-weight: bold; font-size: small;">FOR REGISTRAR'S USE ONLY</div> <div style="text-align: center; font-size: x-small;">(Photocopy ID and attach to application form)</div> <div style="margin-top: 10px;"> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____ </div> |
| Month | Day | Year | | | | | | |
| | | | | | | | | |
| Address of Applicant: <div style="border-bottom: 1px solid black; margin-bottom: 5px; font-size: x-small;">(Applicant's Name)</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px; font-size: x-small;">(Street)</div> <div style="display: flex; justify-content: space-between; font-size: x-small;"> (City) (State) (Zip) </div> <div style="border-bottom: 1px solid black; margin-top: 5px; font-size: x-small;">Telephone No.: ()</div> | | | | | | | | |