NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar for Copy of Death Record

Fee: County District - $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
- U.S. Military photo-ID

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

Name of Deceased: *First* *Middle* *Last*

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: (*mm/dd/yyyy*) *From* *To*

Date of Birth of Deceased: *mm / dd / yyyy*

Age at Death:

Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*

Death Certificate No.: *(If known)*

Name of Father of Deceased: *First* *Middle* *Last*

Local Registration No.: *(If known)*

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

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

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: _____