

NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar
for Copy of Death Record

Fee:	/ 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: <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • Employment ID <ul style="list-style-type: none"> • 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	
Maiden Name of Mother of Deceased:			Death Certificate No.: (If known)
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 <small>(Photocopy ID and attach to application form)</small>	
➤		Type of ID:	
Address of Applicant:		<input type="checkbox"/> Driver License	
(Applicant's Name)		Issuing state:	
(Street)		Expiration date:	
(City)	(State)	Number:	
Telephone No.: ()	(Zip)	Type:	
		Number:	
		Type:	