

**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 <i>must</i> 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: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • Employment ID </td> <td style="width: 50%; border: none; vertical-align: top;"> <ul style="list-style-type: none"> • Utility or telephone bills • Letter from a government agency dated within the last six (6) months </td> </tr> </table>			<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
<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:		
<i>First</i>	<i>Middle</i>	<i>Last</i>		
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)		Age at Death:		
From <i>To</i>		<i>mm / dd / yyyy</i>		
Maiden Name of Mother of Deceased:		Death Certificate No.: (If known)		
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>		
Name of Father of Deceased:		Local Registration No.: (If known)		
<i>First</i>	<i>Middle</i>	<i>Last</i>		
Place of Death:				
<i>Name of Hospital or Street Address</i> <i>Village, town or city</i> <i>County</i>				
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 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 2px;"></div>	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____		
Address of Applicant:				
(Applicant's Name)				
(Street)				
(City) (State) (Zip)				
Telephone No.: ()				