

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

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

Fee: \$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:

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**

Copies requested **without**

Total number of

confidential cause of death _____

confidential cause of death _____

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

(Photocopy ID and attach to application form)

>

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____

Address of Applicant:

(Applicant's Name)

(Street)

(City)

(State)

(Zip)

Telephone No.: ()