

**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 <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;"> <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • U.S. Military photo-ID </td> <td style="width: 50%; border: none;"> <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 • U.S. Military photo-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 • U.S. Military photo-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)		Date of Birth of Deceased:	Age at Death:		
<i>From</i>	<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		
Address of Applicant:		FOR REGISTRAR'S USE ONLY			
		(Photocopy ID and attach to application form)			
_____ <i>(Applicant's Name)</i>		Type of ID:			
		<input type="checkbox"/> Driver License			
_____ <i>(Street)</i>		Issuing state: _____			
		Expiration date: _____			
_____ <i>(City)</i>		Number: _____			
		<input type="checkbox"/> Other ID, Specify			
_____ <i>(State)</i>		Number: _____			
		Type: _____			
Telephone No.: () _____		Number: _____			
		Type: _____			
_____ <i>(Zip)</i>					