

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

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

**Fee: County Districts - \$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
  - 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:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<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:
From <input type="text"/> To <input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>mm / dd / yyyy</i>	

Maiden Name of Mother of Deceased:	Death Certificate No.: (if known)
<input type="text"/>	<input type="text"/>
<i>First</i> <i>Middle</i> <i>Maiden Last</i>	

Name of Father of Deceased:	Local Registration No.: (if known)
<input type="text"/>	<input type="text"/>
<i>First</i> <i>Middle</i> <i>Last</i>	

Place of Death:
<input type="text"/>
<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 <b>with</b> confidential cause of death <input type="text"/>	Copies requested <b>without</b> confidential cause of death <input type="text"/>	Total number of copies requested <input type="text"/>

Purpose for which Record is Required:	What is your relationship to person whose record is required?
<input type="text"/>	<input type="text"/>

In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
<input type="text"/>	<input type="text"/>

**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: <input type="text"/>  Address of Applicant: <input type="text"/> <i>(Applicant's Name)</i> <input type="text"/> <i>(Street)</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>(City) (State) (Zip)</i> Telephone No.: ( <input type="text"/> ) <input type="text"/>	Date Signed: Month    Day    Year <input type="text"/> <input type="text"/> <input type="text"/>	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)</p> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____