

**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 *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
- U.S. Military photo-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:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none; text-align: center;"><i>First</i></td> <td style="border: none; text-align: center;"><i>Middle</i></td> <td style="border: none; text-align: center;"><i>Last</i></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<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:						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none; text-align: center;"><i>From</i></td> <td style="border: none; text-align: center;"><i>To</i></td> <td style="border: none; text-align: center;"><i>mm / dd / yyyy</i></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>From</i>	<i>To</i>	<i>mm / dd / yyyy</i>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>						
<i>From</i>	<i>To</i>	<i>mm / dd / yyyy</i>						

Maiden Name of Mother of Deceased:	Death Certificate No.: (If known)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none; text-align: center;"><i>First</i></td> <td style="border: none; text-align: center;"><i>Middle</i></td> <td style="border: none; text-align: center;"><i>Maiden Last</i></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	<input type="text"/>
<input type="text"/>	<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)						
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> <td style="width: 33%; border: none;"><input type="text"/></td> </tr> <tr> <td style="border: none; text-align: center;"><i>First</i></td> <td style="border: none; text-align: center;"><i>Middle</i></td> <td style="border: none; text-align: center;"><i>Last</i></td> </tr> </table>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<i>First</i>	<i>Middle</i>	<i>Last</i>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>					
<i>First</i>	<i>Middle</i>	<i>Last</i>					

Place of Death:		
<input type="text"/>	<input type="text"/>	<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 with confidential cause of death <input type="text"/>	Copies requested without 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:	Date Signed: Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>	<p style="text-align: center;">FOR REGISTRAR'S USE ONLY (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: _____
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"/>		