

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar
for Copy of Death Record

Fee: \$10 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 <ul style="list-style-type: none"> Driver license Non-driver photo-ID card Passport U.S. military issued photo-ID 		-OR- B. Two (2) of the following showing the applicants name and address: <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:
From	To	<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, 1998 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:		FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"> Date Signed: Month Day Year <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> </div>		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: _____ <i>(Applicant's Name)</i> _____ <i>(Street)</i> _____ <i>(City)</i> <i>(State)</i> <i>(Zip)</i>		Telephone No.: () .	