

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

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

Fee: Monroe County - \$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:
<div style="display: flex; justify-content: space-between;"><i>First</i> <i>Middle</i> <i>Last</i></div>	

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)	Date of Birth of Deceased:	Age at Death:
<div style="display: flex; justify-content: space-between;"><i>From</i> <i>To</i></div>	<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?
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In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
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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"/>	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)
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Address of Applicant: _____ (<i>Applicant's Name</i>) _____ (<i>Street</i>) _____ (<i>City</i>) <i>(State)</i> <i>(Zip)</i>	Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
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Telephone No.: () _____	
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