

**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; font-size: small;"> First Middle Last </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; font-size: small;"> From To </div> | mm / dd / yyyy | |

| | |
|---|-----------------------------------|
| Maiden Name of Mother of Deceased: | Death Certificate No.: (If known) |
| <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Maiden Last </div> | |

| | |
|--|------------------------------------|
| Name of Father of Deceased: | Local Registration No.: (If known) |
| <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div> | |

| | | |
|------------------------------------|-----------------------|--------|
| Place of Death: | | |
| Name of Hospital or Street Address | Village, town or city | County |

| | | |
|---|---|--|
| 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: _____ Address of Applicant: _____ (Applicant's Name) _____ (Street) _____ (City) _____ (State) _____ (Zip) Telephone No.: () _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Date Signed:</td> <td style="padding: 2px;">Month</td> <td style="padding: 2px;">Day</td> <td style="padding: 2px;">Year</td> </tr> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table> <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: _____ | Date Signed: | Month | Day | Year | | | | |
| Date Signed: | Month | Day | Year | | | | | | |
| | | | | | | | | | |