

**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:
First	Middle	Last	

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"/>	mm / dd / yyyy	

Maiden Name of Mother of Deceased:	Death Certificate No.: (if known)
First Middle Maiden Last	

Name of Father of Deceased:	Local Registration No.: (if known)
First Middle Last	

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 <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: <input type="text"/> Address of Applicant: <input type="text"/> (Applicant's Name) <input type="text"/> (Street) <input type="text"/> (City) <input type="text"/> (State) <input type="text"/> (Zip) 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;">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: _____
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