NEW YORK STATE DEPARTMENT OF HEALTH

VITAL RECORDS SECTION

Application to Local Registrar for Copy of Death Record

Fee: Monroe County - $30.00 1 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

- Driver license and address:
- Non-driver photo-ID card • Utility or telephone bills
- Passport • Letter from a government agency dated within the
- Employment ID last six (6) months

Name of Deceased:
First Middle Last

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)
From To

Date of Birth of Deceased:
mm / dd /

Age at Death:

Maiden Name of Mother of Deceased:
First Middle Maiden Last

Death Certificate No.: (If known)

Name of Father of Deceased:
First Middle Last

Local Registration No.: (If known)

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

Number of Copies Requested: (For deaths occurring as of January I, 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:

Date Signed:
Month Da Yær

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)
Type of ID: