CITY OF JOHNSTOWN
Office of the City Registrar
33-41 East Main Street
Johnstown, New York 12095
(518) 736-4011

- OFFICE USE ONLY -
Document Located: Yes☐ No☐ Register #:_____
of copies issued _____ x $10 = $ _____
Fee Paid: _____ Cash: ☐ Check: ☐ Credit: ☐
Receipt # _____ Date: _____ /_____/ _____
Signature _____

APPLICATION FOR COPY OF DEATH RECORD

1. Fee: $10.00 per copy (if paying by check/money order, please make payable to the "City of Johnstown")

2. Identification Requirements: Application must be submitted with copies of either A or B.

A. One (1) of the following forms of photo ID	B. Two (2) of the following showing applicants name and address:
• Driver's License / Non-Driver ID • Passport • Employment / Military ID	• Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months

3. If you are not the parent, child, sibling or spouse of the deceased, at time of death, you must submit documentation of a lawful right or claim.

Purpose for which record is requested:

☐ Legal ☐ Government Agency ☐ Social Security ☐ Other _____

What is your relationship to person whose record is requested:	If attorney, give name and relationship of your client to person whose record is required:

4. Deceased Information:

First *Middle* *Last* *Maiden:*

Date of Death or Period to be covered by search: _____/_____ /_____ - _____/_____ /_____

Age at time of Death:	Date of birth: _____ / _____ /_____

Place of Death (n*ame of hospital or street address):*

Name of Mother of Deceased:

First *Middle* *Maiden / Last*

Name of Father of Deceased:

First *Middle* *Last*

5. Number of copies requested (for deaths occurring after January 1, 1988 specify with or without confidential cause of death):

Confidential Cause of Death:_____	Without Confidential Cause of Death: _____

6. Applicant Information

Name:

Mailing Address:

City: State: Zip:

Phone: ( ) -	Email:

Signature:	Date: _____ / _____ /_____

Revised: 04/2026