

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

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

**Fee: County District - \$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
- U.S. Military photo-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 To 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 \_\_\_\_\_ 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:  _____ <small>(Applicant's Name)</small>  _____ <small>(Street)</small>  _____ <small>(City) (State) (Zip)</small>  Telephone No.: (     ) _____	Date Signed: Month    Day    Year _____ _____ _____	<p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b> (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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