

**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 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.**

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| Signature of Applicant: _____<br><br>Address of Applicant: _____<br><i>(Applicant's Name)</i><br>_____<br><i>(Street)</i><br>_____<br><i>(City) (State) (Zip)</i><br>Telephone No.: ( ) _____ | Date Signed:<br>Month Day Year<br>_____ | <p style="text-align: center;"><b>FOR REGISTRAR'S USE ONLY</b><br/>(Photocopy ID and attach to application form)</p> Type of ID:<br><input type="checkbox"/> Driver License<br>Issuing state: _____<br>Expiration date: _____<br>Number: _____<br><input type="checkbox"/> Other ID, Specify<br>Number: _____<br>Type: _____<br>Number: _____<br>Type: _____ |
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