

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

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

<b>Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification</b>					
<b>Identification Requirements:</b> Application <i>must</i> 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 <b>photo-ID</b> : <b>-OR-</b> B. Two (2) of the following showing the applicant's name and address: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>Employment ID</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>Driver license</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>Employment ID</li> </ul>	<ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the last six (6) months</li> </ul>
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Name of Deceased:			Social Security No. of Deceased:		
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)		Date of Birth of Deceased:	Age at Death:		
<i>From</i>	<i>To</i>	<i>mm / dd / yyyy</i>			
Maiden Name of Mother of Deceased:			Death Certificate No.: (If known)		
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>			
Name of Father of Deceased:			Local Registration No.: (If known)		
<i>First</i>	<i>Middle</i>	<i>Last</i>			
Place of Death:					
<i>Name of Hospital or Street Address</i>		<i>Village, town or city</i>	<i>County</i>		
Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)					
Copies requested <b>with</b> confidential cause of death _____		Copies requested <b>without</b> 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:			
<b>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.</b>					
Signature of Applicant:		<b>Notary Acknowledgement - Mail-in Only</b> State of _____ County of _____ On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument as well as his/her signature. My commission expires on _____. _____ Notary Public signature _____ Notary Public printed name			
Address of Applicant:  _____ (Applicant's Name)  _____ (Street)  _____ (City) _____ (State) _____ (Zip)		Telephone No.: (     ) _____			