

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

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

<b>Fee: Monroe County - \$30.00 1 Other Districts - \$10.00 per certified copy or No Record Certification</b>												
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 <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="width: 50%; padding: 2px;"> <ul style="list-style-type: none"> <li>Driver license and address:</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>Employment ID last six (6) months</li> </ul> </td> <td style="width: 50%; padding: 2px;"> <ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the</li> </ul> </td> </tr> </table>				<ul style="list-style-type: none"> <li>Driver license and address:</li> <li>Non-driver photo-ID card</li> <li>Passport</li> <li>Employment ID last six (6) months</li> </ul>	<ul style="list-style-type: none"> <li>Utility or telephone bills</li> <li>Letter from a government agency dated within the</li> </ul>							
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<b>Name of Deceased:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			<b>Social Security No. of Deceased:</b>									
<b>Date of Death or Period to be Covered by Search: ( mm/dd/yyyy)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>From</span> <span>To</span> </div>		<b>Date of Birth of Deceased:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>mm / dd /</span> </div>	<b>Age at Death:</b>									
<b>Maiden Name of Mother of Deceased:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Maiden Last</span> </div>			<b>Death Certificate No.: (If known)</b>									
<b>Name of Father of Deceased:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> </div>			<b>Local Registration No.: (If known)</b>									
<b>Place of Death:</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Name of Hospital or Street Address</span> <span>Village, town or city</span> <span>County</span> </div>												
<b>Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)</b> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>Copies requested with death</span> <span>Copies requested without death</span> <span>Total number of confidential cause of death</span> <span>confidential cause of death</span> </div>												
<b>Purpose for which Record is Required:</b>		<b>What is your relationship to person whose record is required?</b>										
<b>In what capacity are you acting?</b>		<b>If attorney, give name and relationship of your client to person whose record is required:</b>										
<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>												
<b>Signature of Applicant:</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="padding: 2px;"><b>Date Signed:</b></td> </tr> <tr> <td style="width: 33%; padding: 2px;">Month</td> <td style="width: 33%; padding: 2px;">Da</td> <td style="width: 33%; padding: 2px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>		<b>Date Signed:</b>			Month	Da	Year			
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Month	Da	Year										
<b>FOR REGISTRAR'S USE ONLY</b> (Photocopy ID and attach to application form)												
<b>Type of ID:</b>												