

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____			Date _____		
Address of Applicant _____					

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death

_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____

Address _____

City _____ State _____ Zip Code _____

ACCESS TO DEATH CERTIFICATES

Chapter 644 of the Laws of 1988 specifies the standards for the release of copies of death certificates may be issued:

1. To a person with a New York State Court Order issued on a showing of necessity;
2. To the **spouse, parent, sibling** or **child** of the deceased;
3. To the lawful representative of the spouse, parent, sibling or child of the deceased;
4. To a person requiring the record for a documented legal right or claim;
5. To a person requiring the record for a documented medical need; or
6. To a municipal, state or federal agency when needed for official purposes.