

# 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.**