

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 <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Date of Death or period to be covered by search	
Name of Father of Deceased <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Social Security Number of Deceased	
Maiden Name of Mother of Deceased <div style="display: flex; justify-content: space-between; font-size: small;"> First Middle Last </div>	Date of Birth of Deceased	Age at Death
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 X	Date:	
State of New York } County of		
On _____, 2____, before me, the undersigned 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(s) whose name(s) is(are) subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the person upon behalf of which the individual(s) acted, executed the instrument. X		
Signature & Office of Person Taking Acknowledgement		
Please print name and address where record should be sent Name: _____ Address: _____ City _____ State _____ Zip Code _____		