NEW YORK STATE DEPARTMENT OF HEALTH VITAL RECORDS SECTION

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification									
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- • Driver license B. Two (2) of the following showing the applicant's name and address: • Non-driver photo-ID card • Utility or telephone bills • Passport • Letter from a government agency dated within the									
Employment ID					last six (6) months				
Name of Deceased:				Social Security No. of Deceased:					
<i>First Middle</i> Date of Death or Period to be Covered by Search: (<i>mm/dd/yyyy</i>)					Date of Birth of I		aaad:	Age at Death:	
Date of Death of Period to be Covered by Search. (mm/da/yyyy				/)		Age at Death.			
rom To					mm / dd /				
Maiden Name of Mother of Deceased:							Death C	ertificate No.: (If known)	
First Middle			Maiden Last			Local Registration No.: (If known)			
Name of Father of Deceased:							Local Re	egistration No.: (It known)	
First	First Middle			Last					
Place of Death:									
Name of Hospital or Street Address Village, town or city County									
Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)Copies requested withCopies requested withoutTotal number of									
				ed without Total number of use of death 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:								se record is required:	
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.									
Signature of Applicant: Date Signed: Month Day			Year	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)					
				(Photocopy ID and a Type of ID:			ach to appl	ication form)	
>					er License				
Address of Applicant:				Issuing state:					
·····				Expiration date:					
(Applicant's Name)				Number:					
					r ID, Specify				
(Street)				Numbe	r:				
				Type:					
(City)	(State)		(Zip)		r:				
Telephone No.: ()				Туре:					