## NEW YORK STATE DEPARTMENT OF HEALTH VITAL RECORDS SECTION

Application to Local Registrar for Copy of Death Record

Fee: County District - \$30.0	0 / Other Districts -	\$10.00 per certified cop	y or No Record Certificati	
Identification Requirements: A (Note: Copy of Passport required if A. One (1) of the following forms of Driver license Non-driver photo-ID card	f request is made from a of valid <b>photo-ID</b> : <b>-OF</b> 	a foreign country that requires  - B. Two (2) of the followi and address:  - Utility or telephone	a U.S. Passport for travel.) ng showing the applicant's nam	
<ul><li>Passport</li><li>U.S. Military photo-ID</li></ul>			last six (6) months	
Name of Deceased:			Social Security No. of Decease	
First	Middle	Last	Describer of Desther	
Date of Death or Period to be Cove				
Maiden Name of Mother of Deceas		mm / dd / y	Death Certificate No.: (If known	
	eu. Middle	Maiden Last		
Name of Father of Deceased:	Middle	Walder Last	Local Registration No.: (If know	
First	Middle	Last		
Name of Hospital or Street Addres Number of Copies Requested: (For Copies requested with confidential cause of death	deaths occurring as of Jar Copies reque	ested without cause of death	Total number of copies requested	
Purpose for which Record is Requir	ed:	What is your relationship	to person whose record is required?	
In what capacity are you acting?	If attorney, give nam	e and relationship of your client t	o person whose record is required:	
		ne deceased or the spouse it documentation of a lawfu		
The second secon	Date Signed: Month Day Year		RAR'S USE ONLY	
Signature of Applicant:	MOTION Day I was	(Photocopy ID and attach to application form)  Type of ID:		
>		Driver License		
Address of Applicant:		Issuing state:	Issuing state:	
		Expiration date:		
(Applicant's Name)		Number:		
		Other ID, Specify		
(Street)		Number:		
(City)	(State) (Zip)	Type:		
Telephone No.: ( )		Number:		
		Type:		

DOH-294A (06/2005)