

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Vital Records
Albany, N.Y. 12237

APPLICATION FOR SEARCH OF DEATH RECORDS

TYPE OF RECORD DESIRED (Check One)

Search and Certification

Fee \$10.00 per Copy

A Certification, an abstract from the death certificate issued under seal of the Health Department, includes the name, date and place of death.

A Certification may be used as proof that the event occurred.

Search and Certified Copy

Fee \$10.00 per Copy

A Certified Copy, a photostatic copy of the original death certificate, includes all of the information found on the original death certificate.

A Certified Copy may be required where proof of parentage and certain other detailed information may be necessary such as: veterans' benefits, court proceedings, or settlement of an estate.

FEES: Make money order or check payable to New York State Department of Health. Please do not send cash or stamps. No fee is charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veterans' benefits.

PLEASE PRINT OR TYPE

DEATH RECORD OF: _____ <small>(First) (Middle) (Last)</small>			DATE OF DEATH OR PERIOD TO BE COVERED BY SEARCH		
PLACE OF DEATH _____ <small>(Name of Hospital or Street Address)</small>			_____ <small>(Village, Town or City)</small>		_____ <small>(County)</small>
SOCIAL SECURITY NUMBER OF DECEASED _____			DATE OF BIRTH OF DECEASED _____ <small>(Month) (Day) (Year)</small>		AGE AT DEATH _____
NAME OF FATHER OF DECEASED _____ <small>(First) (Middle) (Last)</small>			MAIDEN NAME OF MOTHER OF DECEASED _____ <small>(First) (Middle) (Last)</small>		
PURPOSE FOR WHICH RECORD IS REQUIRED _____					

What was your relationship to deceased? _____

In what capacity are you acting? _____

If attorney: Name and Relationship of your client to deceased: _____

Signature of Applicant _____

Address of Applicant _____

Date _____

Please print name and address where record should be sent:

Name _____

Address _____

City _____ State _____

(Please see reverse side)