

Fee: County Districts - \$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- B. Two (2) of the following showing the applicant's name and address:
- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name: (as listed on birth certificate) Date of Birth:
First Middle Last (mm / dd / yyyy)

Town, city or village where birth occurred: Name of hospital where birth occurred: (If known)

Maiden Name of Mother: (as listed on birth certificate) Local Registration No.: (If known)
First Middle Maiden Last

Father: (as listed on birth certificate) Number of Copies Requested:
First Middle Last

Purpose for which Record is Required: (Check one)
Passport, Social Security, Retirement, Employment, Working Papers, School entrance, Driver license, Marriage license, Welfare assistance, Veteran's benefits, Court proceeding, Entrance into Armed Forces, Other (specify)

If request is not from child/parents named on the requested certificate, notarized authorization is required.

What is your relationship to person whose record is required? (If self, state "SELF".) If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant: Date Signed: Month Day Year

Address of Applicant: (Applicant's Name), (Street), (City), (State), (Zip), Telephone No.: ()

FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)
Type of ID: Driver License, Issuing state, Expiration date, Number, Other ID, Specify, Number, Type, Number, Type

TYPE OF RECORD DESIRED (Enter Number of Copies)

Search and Certified Transcript

Fee \$10.00 per copy

Search and Certified Copy

Fee \$10.00 per copy

A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.

A Certified Transcript may be used as proof that a marriage occurred.

A Certified Copy includes all of the items of information occurring on the original record of the marriage.

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

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:

(or age at time of marriage)

First

Middle

Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First

Middle

Last

County

State

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:

(or age at time of marriage)

First

Middle

Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First

Middle

Last

County

State

Marriage Information

Place Where Marriage License Was Issued:

Place Where Marriage Was Performed:

Marriage Certificate No.:

Local Registration No.:

(if known)

(if known)

Town or City

County

Town or City

County

Purpose for which record is required:

Date of Marriage or Period

Covered by Search:

Married on or

Search from:

(mm / dd / yyyy)

In what capacity are you acting?:

What is your relationship to person whose record is required?

(If self, state "SELF".)

Search to:

(if searching period) (mm / dd / yyyy)

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant

Date:

Applicant's Phone Number:

Name of Applicant:

Please print name and address where record is to be sent:

Address of Applicant:

City

State

ZIP

City

State

ZIP

NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar
for Copy of Death Record

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-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: _____ Social Security No. of Deceased: _____
First Middle Last

Date of Death or Period to be Covered by Search: (mm/dd/yyyy) _____ Date of Birth of Deceased: _____ Age at Death: _____
From To mm / dd / yyyy

Maiden Name of Mother of Deceased: _____ Death Certificate No.: (If known) _____
First Middle Maiden Last

Name of Father of Deceased: _____ Local Registration No.: (If known) _____
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 with confidential cause of death _____ Copies requested without confidential cause of death _____ Total number of 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: _____

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: _____ <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: 100px;"> Date Signed: Month Day Year _____ </div>	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)
Address of Applicant: _____ <i>(Applicant's Name)</i> _____ <i>(Street)</i> _____ <i>(City) (State) (Zip)</i> Telephone No.: () _____	Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify _____ Number: _____ Type: _____ Number: _____ Type: _____