

**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: (First) (Middle) (Last)			DATE OF DEATH OR PERIOD TO BE COVERED BY SEARCH		
PLACE OF DEATH (Name of Hospital or Street Address)			(Village, Town or City)		(County)
SOCIAL SECURITY NUMBER OF DECEASED			DATE OF BIRTH OF DECEASED (Month) (Day) (Year)		AGE AT DEATH
NAME OF FATHER OF DECEASED (First) (Middle) (Last)			MAIDEN NAME OF MOTHER OF DECEASED (First) (Middle) (Last)		
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)