

# Death Certificate Request Requirements

**FEE: \$10.00 per copy or No Record Search**

## Who is eligible to get a copy of a death certificate?

- The spouse, parent, child or sibling of the deceased
- Others who request that have a:
  - documented lawful right or claim
  - documented medical need
  - New York State Court Order

If you are not the spouse, parent, child or sibling of the deceased you must document a lawful right or claim. For example, you may need a death certificate to claim a benefit. You would need an official letter from the agency saying you need the death record to process the claim.

## What identification needs to be submitted by the applicant?

Application must be submitted with copies of either A or B:

- A. One of the following forms of valid photo-ID:
- Driver's license
  - State-issued, nondriver photo-ID card
  - Passport
  - U.S. Military-issued, photo-ID

**OR**

- B. Two of the following showing the applicant's name and address:
- Utility or telephone bill
  - Letter from a government agency dated within the last six months

Please submit a copy of your U.S. passport in addition to the above ID if you are applying from a foreign country that requires a passport for travel.

## Common Denial Reasons:

- Applications without proper ID
- Failure to submit a copy of their U.S. passport in addition to the required identifications when applying from a foreign country that requires a passport for travel.

## Third Party Pickup of Vital Records

We do not encourage third party pickups. If you are unable to come to our office yourself, we recommend that you order your certificate by mail.

### **If you must have your record picked up by a third party, please follow these steps**

Any discrepancies or a failure to fulfill all the above requirements may cause the Vital Records Office to be unable to issue the requested record.

## Mail Application with fee in form of Check/Money Order/Certified Bank Check to:

Town of North Dansville  
Town Clerk  
14 Clara Barton Street  
Danaville, NY 14437

<b>Vital Records Section</b> <b>Town of North Dansville</b>	<b>Application to Local Registrar</b> <b>for Copy of Death Record</b>
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Town Clerk 14 Clara Barton Street Dansville, NY 14437	<i>FEE: \$10.00 per copy</i> <i>or No Record Certification</i> (Check/Money Order/Certified Check) Cash - In Person Only
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**INFORMATION OF DECEASED**

<b><u>Name of Deceased</u></b>	<b><u>Date of Birth of Deceased:</u></b>
First: _____	_____
Middle: _____	<b><u>Date/Range of Death to be Searched:</u></b>
Last: _____	_____

<b><u>Social Security Number of Deceased</u></b>	<b><u>Age at Death:</u></b>
_____ - _____ - _____	_____

**Place of Death**

Hospital or Street Address: _____	Town: _____ County: _____
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<b><u>Name of Father of Deceased:</u></b>	<b><u>Maiden Name of Mother of Deceased:</u></b>
First: _____	First: _____
Middle: _____	Middle: _____
Last: _____	Last: _____

Purpose for which record is required: \_\_\_\_\_

What was your relationship to the deceased? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, Name & Relationship of your client to deceased: \_\_\_\_\_

**SIGNATURE of APPLICANT:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ADDRESS of APPLICANT: \_\_\_\_\_

**COMPLETE FOR DEATHS OCCURING AS OF JANUARY 1, 1988**

\_\_\_\_\_ Number of copies requested with confidential cause of death

\_\_\_\_\_ Number of copies requested without confidential cause of death

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_