

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____			Date _____		
Address of Applicant _____					

**COMPLETE FOR DEATHS OCCURRING 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 \_\_\_\_\_

# ISSUING DEATH CERTIFICATES

The applicant must provide the decedent's name and date of death. Additional information about the decedent may be required by the local registrar. The letter or application form (DOH-294A) must be signed. Local registrars may require that the signature be notarized. If the request is made by someone other than the spouse, parent, child or sibling of the deceased, the application or letter must be accompanied by supporting documents establishing a legal right or claim to obtain a certified copy or transcript, or a judicial or other proper purpose to obtain a certification. Photo Identification is required for all requests.

A **certified copy** or a **certified transcript** of a death certificate may be issued:

1. To the spouse, parent, child or sibling of the deceased;
2. To the lawful representative of the spouse, parent, child or sibling of the deceased;
3. To a person with a New York State Court Order issued on a showing of necessity;
4. To a person requiring the record for a documented legal right or claim;
5. To a person requiring the record for a documented medical need; or
6. To a municipal, state, or federal agency when needed for official purposes.

**LEGAL RIGHT OR CLAIM** – A legal right or claim is established on the basis of documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate. Some examples follow:

1. Letter from the bank to the surviving joint account owner requesting proof of the death of deceased account owner.
2. Letters Testamentary from a person claiming to be the executor or executrix of the estate.
3. Insurance policy showing that the requestor is a beneficiary.

**PROPER PURPOSE** – A list of proper purposes does not exist. However, a proper purpose does not exist when the record is requested for profit-making or to satisfy idle curiosity. Consult the Vital Records Section for guidance on determining proper purpose on an individual case basis.

**CONFIDENTIAL MEDICAL SECTION** – Commencing with death certificates filed on January 1, 1988, death certificate forms contain a confidential medical section, which includes the cause of death and circumstances of death. When a certified copy is issued, **do not include the confidential medical section.** **The confidential medical section may be included upon specific request to the following:**

1. The spouse, parent, child or sibling of the deceased;
2. The lawful representative of the spouse, parent, child or sibling of the deceased;
3. A person with a New York State Court Order issued on a showing of necessity for the confidential medical information;
4. A person requiring the confidential medical information to establish a legal right or claim;
5. A person requiring the confidential medical information for a documented medical need; and
6. A municipal, state or federal agency specifically requesting the confidential medical information for official purposes.

**FUNERAL DIRECTOR COPIES** – When the death certificate is filed, it is customary for the funeral director to request death certificate copies on behalf of the family. The funeral director should submit the request in writing (DOH-294A) or on the Electronic Death Registration System (EDRS), specifying the number of copies the family needs with the confidential medical information and the number of copies they need without the confidential medical information. Sometimes it is necessary for the funeral director

to request additional copies at a later time as the family discovers the need for more copies. This period should extend no longer than six months from the date of death. After this period, the request must be made by the person in need of the copy, including supporting documentation.

**ATTORNEY COPIES** – Requests for death certificate copies by lawyers must be submitted in writing on the attorney's letterhead or on an official application form. The request must include the decedent's name and date of death, who the attorney represents, how the person named on the death certificate relates to the legal matter and the reason the copy is required. The latter is required so that a determination of judicial or other proper purpose can be made.

**Note: the attorney must represent someone who is authorized to obtain a death certificate copy.**

If the request involves an estate, the attorney must state that he or she is the attorney for the estate, represents a potential heir or someone contesting the will, etc. If the exact date of death is unknown, a date range may be submitted.