Who is eligible to obtain a death certificate copy?

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

What is a lawful right or claim?

If the applicant is not the spouse, parent, child or sibling of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of an official letter from the agency verifying that to process the claim they require from the applicant a copy of the requested death record.

Identification Requirements – application *must* be submitted with copies of either A *or* B:

- A. One (1) of the following forms of valid photo-ID:
 - Driver license
 - State issued non-driver photo-ID card
 - Passport
 - U.S. Military issued photo-ID
- B. Two (2) of the following showing the applicant's name and address:
 - Utility or telephone bills
 - Letter from a government agency dated within the last six (6) months

For more information, visit NYS Department of Health.

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification	
Identification Requirements: Application <i>must</i> 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	
Driver license	and address:
Non-driver photo-ID card	 Utility or telephone bills
Passport	 Letter from a government agency dated within the
Employment ID	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/yy)	
	Age at Death.
<i>From То</i>	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
Name of Hospital or Street Address	Village, town or city County
Number of Copies Requested: (For deaths occurring as of Janu	
Copies requested with Copies reques	ted without Total number of
	use of death 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: Date Signed: Month Day Year	FOR REGISTRAR'S USE ONLY
	(Photocopy ID and attach to application form)
	Type of ID:
\succ	Driver License
Address of Applicant:	Issuing state:
	Expiration date:
(Applicant's Name)	Number:
	Other ID, Specify
(Street)	Number:
(City) (State) (Zip)	Туре:
Telephone No.: ()	Number:
	Туре:

DOH-294A (06/2005)