Mail-in Application for Copy of Death Certificate

Information Page — Mail-in Application for Copy of Death Certificate

General Instructions

- **Do not** use this application for *fax requests*.
- Use this application if you are the spouse, parent or child of the deceased.
- If you are **not** the spouse, parent or child of the deceased, then you must submit with this application a copy of documentation establishing a lawful right or claim (see below).
- Use this application only if the death occurred in New York State outside of New York City. **Do not** use this application if the death occurred in any of the five (5) boroughs of New York City.
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign.
- **Mail** application with check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

New York State Department of Health
Vital Records Section
Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

For priority handling (add $15.00 per copy ordered), submission by overnight carrier is recommended. Send to:

New York State Department of Health
Vital Records Section / 2nd Floor
Certification Unit
800 North Pearl Street
Menands, NY 12204

What is a lawful right or claim?

- If the applicant is not the spouse, parent or child 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 a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim.

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:
   - Driver license
   - Non-Driver Photo-ID Card
   - Passport
   - Other government 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 months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

- **For regular handling:** The fee is $30.00 per copy. — Total for one (1) copy is $30.00. Total for two (2) copies is $60.00, etc.
- **For priority handling:** The fee is $30.00 + $15.00 per copy — Total for one (1) copy is $45.00. Total for two (2) copies is $90.00, etc. Submitting the application by overnight carrier is recommended. Completed requests will be returned by first class mail unless a **pre-paid** return mailer for overnight delivery is provided with the request.
- Send check or money order payable to the New York State Department of Health. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

Processing Time

- For the latest information on processing times, please visit our web page at *www.nyhealth.gov/vital_records/processingtime.htm*
- For faster processing, you may wish to use your credit card and submit your request by e-mail, fax, or telephone.

Completing the Form

- If you are using Adobe Reader® 5.0 or newer (available as a free download from *www.adobe.com*) you can fill in the form directly in Adobe Reader by clicking on the appropriate space and entering the information (use the TAB key to move to the next field, shift-TAB to move backwards). Print the completed form, sign and mail to above address.
- You can print out a blank copy of the form and then type or print the required information.
- Be sure to sign the form before mailing and include a check or money order made payable to the New York State Department of Health along with copies of any required documentation.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Mail-in Application for Copy of Death Certificate

Required ID must be included with application. Make check or money order payable to New York State Department of Health.

For regular handling: Enclose $30 per copy or No Record Certification. Send to:

New York State Department of Health
Vital Records Section / Certification Unit
P.O. Box 2602
Albany, NY 12220-2602

For priority handling: Enclose $45 per copy or No Record Certification. Submission by overnight carrier is recommended. Send to:

New York State Department of Health
Vital Records Section / Certification Unit
800 North Pearl Street - 2nd Floor
Menands, NY 12204

Name of Deceased:
First *Middle* *Last*

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: (*mm/dd/yyyy)*
From *To*

Date of Birth of Deceased:
mm / dd / yyyy

Age at Death:

Maiden Name of Mother of Deceased:
First *Middle* *Maiden Last*

Death Certificate No.: *(If known)*

Name of Father of Deceased:
First *Middle* *Last*

Local Registration No.: *(If known)*

Place of Death:
Name of Hospital or Street Address *Village, town or city* *County*

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:

Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.

Signature of Applicant:

Date Signed:

Month	Day	Year

▶

Regular Handling ☐ $30.00 x
(Check Only One) OR
Priority Handling ☐ $45.00 x _____ Copies = $ _____

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

Please print or type the name and address where record should be sent: *(If delivery is to a P.O. Box or third party, you must submit with this application a* **notarized** *statement signed by the applicant and a copy of the applicant's drivers license.)*

(Name)

(Street)

(City) *(State)* *(Zip)*