

Application to Local Registrar For Copy of Death Record

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section—Town of Hastings, NY

PLEASE COMPLETE FORM AND ENCLOSE FEE

Fee: \$20.00 for the first copy.
\$15.00 for each additional copy.
Please do not send cash via mail.

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			
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 an attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____			Date _____		
Printed Name of Applicant _____					
Address of Applicant _____					

COMPLETE FOR DEATHS OCCURRING AFTER JANUARY 1, 1988

_____ Number of Copies with confidential cause of death
_____ Number of Copies without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____
Address _____
City _____ State _____ Zip Code _____