Obtain a copy of Death Certificate

Step 1

Before you get started

A death certificate is filed with the clerk of the municipality in which the death occurred within 72 hours of such death. Such filing is usually handled by a funeral director or coroner.

Step 2

Who is eligible?

You are eligible to obtain a copy of a death certificate if you are one of the following:

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

Step 3

Complete form and provide proof of identity

Download and complete the application DOH-294A form. This application is also available at our office.

The application must be submitted with copies of one of the following forms of valid photo-ID:

- Driver's license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

Step 4

Submit your Application

Submit completed application, proof of lineage along with a **fee of $20.00 per certified copy of a death certificate**.

Keep in mind:

If you are applying for a copy of a death certificate via the mail and your driver's license does not reflect the address to which you want the certificate mailed, you must have your signature notarized on your written request.

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

Application to Local Registrar For Copy of Death Record

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 First Middle Last	Date of Death or Period to be covered by search
Name of Father of Deceased First Middle Last	Social Security Number of Deceased
Name of Mother of Deceased First Middle Last	Date of Birth of Deceased Age at Death 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 _____