

APPLICATION FOR COPY OF
New York State Death Certificate Request Form

Name: _____
(First) (Middle) (Last)

Date of Death or Period Covered by Search: _____

Social Security Number of Deceased: _____ — _____ — _____

Date of Birth of Deceased: _____ Age at Death: _____

Father of Deceased: _____
(First) (Middle) (Last)

Mother of Deceased: _____
(Maiden Name) (First) (Middle) (Last)

Place of Death (e.g. Hospital or residence): _____

Village, Town or City: _____ County: _____

Number of Copies Requested: _____

Purpose For Which Record Is Required: _____

Your relationship to the deceased: _____

In what capacity are you acting? _____

If attorney, name and relationship of your client to persons whose record is required:

Client: _____ Relationship: _____

Signature of Applicant: _____ Date: _____

Street: _____

City: _____ State: _____ Zip: _____

Please PRINT or TYPE name and address where record should be sent:

Name: _____

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____

**WHERE TO APPLY: Mail to
Town of Clayton • 405 Riverside Drive • Clayton, NY 13624**



TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's License
2. Non-Driver's License
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

**COSTS: \$10.00
Money Order
with a Copy of
Form of ID
REQUIRED!**

**APPROXIMATE TIME FROM APPLICATION TO ISSUE: One Week
DO NOT ISSUE copy unless ONE of the above types of Identification is present.**