Application to Local Registrar for Copy of Death Record

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FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

		PLEASI	E PRINT OR T	/PE							
Name of Deceased			Date of Death or Period to be Covered by Search								
First	Middle	Last									
Name of Father of De		Lust	Social Security Number of Deceased								
First Maiden Name of Moth	Middle	Last	Date of Birt	n of Deceased		Age at Death					
Maidell Name of Woti	lei oi Deceased		Date of Birt	Tor Deceased	į.	Age at Death					
First	Middle	Last	Month	Day	Year	***					
Place of Death											
 Name of Hospital or S	Street Address		Village, Tov	vn or Citv		County					
Purpose for Which Re			.								
What was your relationship to the deceased?											
In what capacity are y											
If attorney, name and	relationship of ye	our client to dece	eased								
Signature of Applicant				Do	ato.						
Address of Applicant											
Address of Applicant											
	COMPLETE FO	P DEATHS OC	TIPPING AS	YE JANIJARY 1	1088						
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——— Number of cop	ies requested wi	th confidential ca	ause of death								
Number of cop	oies requested wi	thout confidentia	I cause of deat	h							
PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT											
 Name											
Address											
City			State		Zip Cod	de					
-					,						

VILLAGE NEW BERLIN

13 South Main Street, PO Box 280 New Berlin, NY 13411 (607) 847-6389 Fax: (607) 847-9865



То:	From: Kelly Anderson	
Fax:	Pages:	
Phone:	Date:	

Instructions to applicant for copy of Death Record

- 1. Complete DOH-294A Application
- 2. Enclose acceptable legal right or claim. This is established on the basis of documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate. (Examples)
 - Letter from the bank to the surviving joint account owner, requesting poof of the death or deceased account owner.
 - Letters Testamentary from a person claiming to be the executor or executrix of the estate
 - Insurance policy showing that the requestor is a beneficiary.
- 3. Enclose a check or money order for \$10 per copy, made out to the Village of **New Berlin**
- 4. Mail to: Village of New Berlin, PO Box 280, New Berlin, NY 13411

A certified copy of a death certificate may be issued

- 1. To a person with a NYS Court Order issued on a showing of necessity
- 2. To the spouse, parent or child of the deceased
- 3. To the lawful representative of the spouse, parent or child of the deceased

- To a person requiring the record for a documented legal right or claim
 To a person requiring the record for a documented medical need
 To a municipal, state, or federal agency when needed for official purposes.