Reset

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: $10.00 per copy or
No Record Certification.

Make check payable to: Village Croton on Hudson
Return to: Registrar - Village Croton on Hudson
One Van Wyck St
Croton on Hudson NY 10520

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	
Maiden Name of Mother of Deceased First Middle Last	Date of Birth of Deceased Month Day Year	Age at Death
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 attorney, name and relationship of your client to deceased _____

Signature of Applicant _____ Date _____

Address of Applicant _____

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

_____ Number of copies requested with confidential cause of death

_____ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name _____

Address _____

City _____ State _____ Zip Code _____

ISSUING DEATH CERTIFICATES

The applicant must provide the decedent's name and date of death. Additional information about the decedent may be required by the local registrar. The letter or application form (DOH-294A) must be signed. Local registrars may require that the signature be notarized. If the request is made by someone other than the spouse, parent, child or sibling of the deceased, the application or letter must be accompanied by supporting documents establishing a legal right or claim to obtain a certified copy or transcript, or a judicial or other proper purpose to obtain a certification. Photo Identification is required for all requests.

A **certified copy** or a **certified transcript** of a death certificate may be issued:
1. To the spouse, parent, child or sibling of the deceased;
2. To the lawful representative of the spouse, parent, child or sibling of the deceased;
3. To a person with a New York State Court Order issued on a showing of necessity;
4. To a person requiring the record for a documented legal right or claim;
5. To a person requiring the record for a documented medical need; or
6. To a municipal, state, or federal agency when needed for official purposes.

LEGAL RIGHT OR CLAIM – A legal right or claim is established on the basis of documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate. Some examples follow:
1. Letter from the bank to the surviving joint account owner requesting proof of the death of deceased account owner.
2. Letters Testamentary from a person claiming to be the executor or executrix of the estate.
3. Insurance policy showing that the requestor is a beneficiary.

PROPER PURPOSE – A list of proper purposes does not exist. However, a proper purpose does not exist when the record is requested for profit-making or to satisfy idle curiosity. Consult the Vital Records Section for guidance on determining proper purpose on an individual case basis.

CONFIDENTIAL MEDICAL SECTION – Commencing with death certificates filed on January 1, 1988, death certificate forms contain a confidential medical section, which includes the cause of death and circumstances of death. When a certified copy is issued, **do not include the confidential medical section. The confidential medical section may be included upon specific request to the following:**
1. The spouse, parent, child or sibling of the deceased;
2. The lawful representative of the spouse, parent, child or sibling of the deceased;
3. A person with a New York State Court Order issued on a showing of necessity for the confidential medical information;
4. A person requiring the confidential medical information to establish a legal right or claim;
5. A person requiring the confidential medical information for a documented medical need; and
6. A municipal, state or federal agency specifically requesting the confidential medical information for official purposes.

FUNERAL DIRECTOR COPIES – When the death certificate is filed, it is customary for the funeral director to request death certificate copies on behalf of the family. The funeral director should submit the request in writing (DOH-294A) or on the Electronic Death Registration System (EDRS), specifying the number of copies the family needs with the confidential medical information and the number of copies they need without the confidential medical information. Sometimes it is necessary for the funeral director

to request additional copies at a later time as the family discovers the need for more copies. This period should extend no longer than six months from the date of death. After this period, the request must be made by the person in need of the copy, including supporting documentation.

ATTORNEY COPIES – Requests for death certificate copies by lawyers must be submitted in writing on the attorney's letterhead or on an official application form. The request must include the decedent's name and date of death, who the attorney represents, how the person named on the death certificate relates to the legal matter and the reason the copy is required. The latter is required so that a determination of judicial or other proper purpose can be made.

Note: the attorney must represent someone who is authorized to obtain a death certificate copy.

If the request involves an estate, the attorney must state that he or she is the attorney for the estate, represents a potential heir or someone contesting the will, etc. If the exact date of death is unknown, a date range may be submitted.