Application for Copy of Death Certificate

Clear Form

Required ID must be included with application. **(Current U.S. Driver's License, Non-Driver's License or Passport must be attached to application.)**

For regular handling: Enclose **$10 per copy** or No Record Certification.

Send to:

City of New Rochelle
City Clerk
515 North Ave
New Rochelle, NY 10801

Make U.S. money order payable to City Clerk's Office, Cash or Credit Card payments are also accepted in person.

Name of Applicant: _____

Address of Applicant: _____

Phone# of Applicant: _____

E-mail Address of Applicant: _____

Name of Deceased:

First *Middle* *Last*

Date of Death: (mm/dd/yyyy)

Place of Death:

Date of Birth of Deceased:

mm / dd / yyyy

Age at Death:

Name of Father of Deceased:

First *Middle* *Last*

Death Certificate No.: *(If known)*

Name of Mother of Deceased:

First *Middle* *Maiden Last*

Number of Copies Requested:
(Copies with the cause of death will be issued unless otherwise requested)

x $ 10 each =

Purpose for which Record is Required:

What is your relationship to person whose record is required?

○ Spouse ○ Parent ○ Sibling ○ Child

Proof of relationship to deceased is required.

Siblings and children must provide a long form birth certificate with parents names.

Explain the relationship of your client to deceased.
In what capacity are you acting?

If attorney, provide the name, address, phone number and email address of your firm on company letterhead.

Only surviving spouse, children, parents and siblings of the deceased are entitled to copies of death certificates. The applicant's signature must be notarized.

Signature of Applicant:

Date Signed:

Month	Day	Year

Sworn and subscribed before me

This _____ Day of _____, 20 ___

_____

Notary Public

(Notary Stamp)

If address to send record is different than above please see the following:

* Please enclose a self addressed stamped envelope.

* Print or type the name and address where record should be sent:

_____
(Name)

_____
(Street)

_____ _____ _____
(City) (State) (Zip)

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