

NEW YORK STATE DEPARTMENT OF HEALTH Vital Records Section		Application to Local Registrar for Copy of Death Record			
Name of Deceased			Date of Death or Period Covered by Search		
First:					
Middle:					
Last:					
Name of Father Deceased			Social Security Number of Deceased		
First:					
Middle:					
Last:					
Maiden Name of Mother Deceased			Date of Birth of Deceased		Age at Death
First:			Month:		
Middle:			Day:		
Last:			Year:		
Place of Death					
Name of Hospital or Street Address:					
Village, Town or City					
County					
Purpose for Which Record is Required					
Relationship to Deceased:					
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:	
<p>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</p> <p>If in person, please bring a form of acceptable identification and payment of \$10.00 per copy (cash, check, or money order). Make checks payable to City of Canandaigua.</p> <p>If by mail, please enclose with this form a copy of acceptable identification and payment of \$15.00 per copy, <i>money order only</i>. Make money orders payable to City of Canandaigua.</p> <p>Mail to: City of Canandaigua 2 North Main Street Canandaigua, NY 14424</p>					