

# Death Certificate Request by Mail

Who is eligible to obtain a death certificate via mail?

## Who is eligible to obtain a death certificate copy?

- The spouse, parent, child or sibling of the deceased (must be documented on application)
- Other persons who have a:
  - documented lawful right or claim
  - documented medical need
  - New York State Court Order

## What is a lawful right or claim?

If the applicant is not the spouse, parent, child or sibling of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of an official letter from the agency verifying that to process the claim they require from the applicant a copy of the requested death record.

## Identification Requirements – application *must* be submitted with copies of either **A or B** and signature notarized:

- A. One of the following forms of valid photo-ID:
  - Driver license
  - State issued non-driver photo-ID card
  - Passport
  - U.S. Military issued photo-ID
  
- B. Two of the following showing the applicant's name and address:
  - Utility or telephone bill
  - Letter from a government agency dated within the last six months

**Fee - \$10.00 per copy (check/money orders should be made payable to the Town of Walton)**

**Mail your request and the appropriate fee to:**

Town of Walton  
Attn: Town Clerk/Collector  
129 North Street  
Walton, NY 13856

**NEW YORK STATE DEPARTMENT OF HEALTH  
VITAL RECORDS SECTION**

**Application to Local Registrar  
for Copy of Death Record**

**Fee: County District - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification**

**Identification Requirements:** Application *must* be submitted with copies of either A or B.  
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)  
A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:  

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. Military photo-ID

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: \_\_\_\_\_ Social Security No. of Deceased: \_\_\_\_\_  
*First Middle Last*

Date of Death or Period to be Covered by Search: (mm/dd/yyyy) \_\_\_\_\_ Date of Birth of Deceased: \_\_\_\_\_ Age at Death: \_\_\_\_\_  
*From To mm / dd / yyyy*

Maiden Name of Mother of Deceased: \_\_\_\_\_ Death Certificate No.: (If known) \_\_\_\_\_  
*First Middle Maiden Last*

Name of Father of Deceased: \_\_\_\_\_ Local Registration No.: (If known) \_\_\_\_\_  
*First Middle Last*

Place of Death: \_\_\_\_\_  
*Name of Hospital or Street Address Village, town or city County*

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)  
 Copies requested **with** confidential cause of death \_\_\_\_\_ Copies requested **without** confidential cause of death \_\_\_\_\_ Total number of copies requested \_\_\_\_\_

Purpose for which Record is Required: \_\_\_\_\_ What is your relationship to person whose record is required? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_ If attorney, give name and relationship of your client to person whose record is required: \_\_\_\_\_

**If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.**

Signature of Applicant: _____ Date Signed: _____ Month Day Year	<div style="text-align: center; border: 1px solid black; padding: 5px;"> <b>FOR REGISTRAR'S USE ONLY</b>  <small>(Photocopy ID and attach to application form)</small> </div> Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____
Address of Applicant: _____ <small>(Applicant's Name)</small> _____ <small>(Street)</small> _____ <small>(City) (State) (Zip)</small> Telephone No.: ( ) _____	