

APPLICATION FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

WHO IS ELIGIBLE TO OBTAIN A DEATH RECORD

- The spouse, parent, child or sibling of the deceased
- Other people who have a:
 - documented lawful right or claim
 - documented medical need
 - New York State Court Order

If you are not the spouse, parent, child or sibling of the deceased you must document a lawful right or claim. For example, you may need a death certificate to claim a benefit. You would need an official letter from the agency saying you need the death record to process the claim. In this case, a certified copy may be issued without the cause of death.

TYPES OF IDENTIFICATION REQUIRED

Application must be submitted with copies of **either A or B**:

- A. **One** of the following forms of valid photo-ID:
 - Driver's license
 - State-issued, nondriver photo-ID card
 - Passport
 - U.S. Military-issued, photo-ID **OR**
- 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/MANNER OF PAYMENT

- \$10.00 per copy
- Cash (if in person), Money Order, Bank Cashier's Check, Personal Check if from a local bank in the City of Oneida
- Money Orders and Checks shall be made payable to City Clerk.

PLEASE NOTE:

- If mailing your application, please provide us with a No. 10 self-addressed, stamped envelope in order for us to process your request. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you. All requests are processed the same day of receipt.
- We are prohibited from discussing specific Vital Records information over the telephone. All requests must be submitted in writing with the proper identification.
- If the deceased person did not pass away in the City of Oneida, we will not have the record. You will still be charged the fee and be provided with a "No Record Certification Form" stating that a search was made and that no record was found.
- If you are an Attorney, your request must be on letterhead and indicate proper purpose
- If you are a Funeral Director/Representative, you may be required to provide identification if not known to the local Registrar/Deputy. Please note that Funeral Director's may only obtain copies for six months from the date of death.



CITY OF ONEIDA
City Clerk
 109 N. Main Street
 Oneida, NY 13421
 315-363-7378/315-363-9558 (Fax)

APPLICATION FOR RECORD OF DEATH

CHECK FORM DESIRED: Fee is \$10/Copy

____ CERTIFICATION (DOH-2825; an abstract showing name, date and place of death only. May be used as proof the death occurred.)

____ CERTIFIED COPY (A photocopy of the original death record. May be required where proof of parentage and certain other detailed information is necessary)

____ Number of Copies with cause of death

____ Number of copies without cause of death

OFFICE USE ONLY: Date Processed/Mailed: _____ By Whom: _____
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NOTE: A "No Record Certification" will be issued if, upon our search, the desired record cannot be located. The \$10 fee applies.

DEATH RECORD OF	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST</u>
DATE OF DEATH		DATE OF BIRTH	LOCAL REGISTRATION NO. if known
PLACE OF DEATH (Hospital/Street Name)		CITY OF ONEIDA	MADISON COUNTY
PARENT 1	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PARENT 2	<u>FIRST</u>	<u>MIDDLE</u>	<u>LAST (Maiden if applicable)</u>
PURPOSE FOR RECORD	<input type="checkbox"/> Retirement <input type="checkbox"/> Social Security <input type="checkbox"/> Social Services <input type="checkbox"/> Surrogate Court <input type="checkbox"/> Veteran's Benefits		<input type="checkbox"/> Other (Please Specify) _____

What is your relationship to the deceased? _____ In what capacity are you acting? _____

If Funeral Director or Attorney, please provide the following ON YOUR CLIENT: Name: _____

Relationship to deceased: _____ Address: _____

My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on the application.

SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

ADDRESS: _____ CITY/TOWN _____ STATE _____ ZIP CODE _____

***Cannot be sent to a P.O. Box, Business or C/O)**

PHONE#: (____) _____ EMAIL (OPTIONAL): _____