

Requirements

Who is eligible to get a copy of a death certificate?

- 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.

What identification needs to be submitted by the applicant?

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



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: _____

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"/> Annulment <input type="checkbox"/> Banking <input type="checkbox"/> Insurance <input type="checkbox"/> Motor Vehicle Transfer <input type="checkbox"/> Real Estate Transfer		<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): _____

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Applicant can either scan and email this form to our office or submit it through the mail with the completed application. All transactions are subject to approval and card authorization. **Fees apply: 2.19% Credit Cards; 1.79% Debit (\$1.00 minimum fee credit/debit card)**

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name: _____
Billing Street Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Email: _____
Address: _____
Direct Telephone: (_____) _____ - _____

I hereby affirm that I am the owner of the below referenced credit card and that my name is listed on the front of the credit card.

I hereby authorize the City of Oneida, 109 N. Main St. Oneida, NY 13421, to charge my credit card (listed below) in the amount of \$_____, according to the terms of the attached application.

Account Holder Signature

CREDIT CARD INFORMATION (Please note if credit or debit)

Credit Card Type: _____ Visa _____ MasterCard _____ American Express _____ Discover

Card Number: _____

Expiration Month: _____ Expiration Year: _____ CVV No.: _____

Cardholder Signature : _____

Date: _____

**Please print legibly. If we are unable to verify your information, the application will be returned.

For Office Use Only

Confirmation ID: _____

By Whom: _____