

APPLICATION FOR COPY OF  
**New York State Death Certificate Request Form**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Death or Period Covered by Search: \_\_\_\_\_

Social Security Number of Deceased: \_\_\_\_\_ — \_\_\_\_\_ — \_\_\_\_\_

Date of Birth of Deceased: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Father of Deceased: \_\_\_\_\_  
(First) (Middle) (Last)

Mother of Deceased: \_\_\_\_\_  
(Maiden Name) (First) (Middle) (Last)

Place of Death (e.g. Hospital or residence): \_\_\_\_\_

Village, Town or City: \_\_\_\_\_ County: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_

Purpose For Which Record Is Required: \_\_\_\_\_

Your relationship to the deceased: \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship of your client to persons whose record is required:

Client: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please PRINT or TYPE name and address where record should be sent:**

Name: \_\_\_\_\_

Street: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**WHERE TO APPLY: Mail to  
Town of Clayton • 405 Riverside Drive • Clayton, NY 13624**



**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

**COSTS: \$10.00  
Money Order  
with a Copy of  
Form of ID  
REQUIRED!**

**APPROXIMATE TIME FROM APPLICATION TO ISSUE: One Week  
DO NOT ISSUE copy unless ONE of the above types of Identification is present.**