

# Application for Copy of Death Record

## General Instructions:

- 1) In order to obtain a certified copy of a death certificate you must have legal right. Complete this application only if you are:
  - A person with a NYS court order showing necessity;
  - The spouse, parent or child of the deceased;
  - The lawful representative of the spouse, parent or child of the deceased;
  - A person requiring the record for a documented legal right or claim;
  - A person requiring the record for a documented medical need; or
  - A municipal, state or federal agency when needed for official purposes.
- 2) Return the application by mail or in person. Fax/e-mail not accepted.
- 3) Include a certified check or money order in U.S. Fund payable to Village of Cooperstown in the amount of \$10.00 per requested copy. Please note this is a non-refundable search fee. If the requested record is not found you will be issued a notice that said record is not on file in this office and provided additional information to pursue your search but no refund will be issued.
- 4) Include a copy of an acceptable form of identification which indicates the same mailing address as your application. If your identification, such as a passport, does not give your mailing address you must also provide an additional form of identification. For example a copy of your passport and one current utility bill.

### Types of Acceptable Identification include:

- Driver's License
  - Non-Driver's ID
  - Passport
  - Other government issued photo-ID
  - Two utility bills, showing the applicant's name and address dated within the last six months
  - Two letters from a government agency, showing the applicant's name and address dated within the last six months
- 5) Include a copy of your proof of legal right:
    - If you are a person with a NYS Court order you must provide the original court order with official raised court seal.
    - If spouse or parent of deceased no proof of legal right is required, just your identification as you would be listed on the requested death certificate.
    - If child of the deceased please provide a copy of your birth certificate which names you and your parents.
    - If legal representative of spouse, parent or child please provide a written statement on your letterhead to that effect and a release of information signed by your client.
    - If requiring for a documented legal right, claim or medical need please provide documentation of said legal right.
    - If a government agency requiring for official purpose please provide a written statement on your letterhead. (Please note fee may be waived in some circumstances.)
  - 6) Mail the completed application, payment and appropriate identification to:  
Registrar  
Village of Cooperstown  
PO Box 346  
Cooperstown, NY 13326

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
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 \_\_\_\_\_