



Application for Copy of Death Certificate

Required ID must be included with application. (Current U.S. Driver's License, Non-Driver's License or Passport must be attached to application.)

For regular handling: Enclose **\$10 per copy** or No Record Certification.

Send to:
City of New Rochelle
City Clerk
515 North Ave
New Rochelle, NY 10801

Make U.S. money order payable to New Rochelle City Clerk. Cash or credit card payments are also accepted in person.

Name of Applicant: _____
Address of Applicant: _____
Phone# of Applicant: _____
E-mail Address of Applicant: _____

Name of Deceased: _____ Date of Death: (mm/dd/yyyy) _____
First Middle Last

Place of Death: _____ Date of Birth of Deceased: _____ Age at Death: _____
mm / dd / yyyy

Name of Father of Deceased: _____ Death Certificate No.: *(If known)* _____
First Middle Last

Name of Mother of Deceased: _____ Number of Copies Requested: _____
(Copies with the cause of death will be issued unless otherwise requested)
First Middle Maiden Last x each =

Purpose for which Record is Required: _____

What is your relationship to person whose record is required?
Spouse Parent Sibling Child
Proof of relationship to deceased is required.
Siblings and children must provide a long form birth certificate with parents names.

Explain the relationship of your client to deceased. In what capacity are you acting?
If attorney, provide the name, address, phone number and email address of your firm on company letterhead.

Only surviving spouse, children, parents and siblings of the deceased are entitled to copies of death certificates. The applicant's signature must be notarized.

Signature of Applicant: _____ Date Signed: _____
Month Day Year
If address to send record is different than above please see the following:
* Please enclose a self addressed stamped envelope.
* Print or type the name and address where record should be sent:

Sworn and subscribed before me
This ____ Day of _____, 20 ____

Notary Public
(Notary Stamp)
(Name) _____
(Street) _____
(City) _____ (State) _____ (Zip) _____