



REGISTRAR'S OFFICE
CITY HALL – ROOM 115
ONE ROOSEVELT SQUARE
MOUNT VERNON, NEW YORK 10550
(914) 665-2356

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

REQUEST FOR DEATH CERTIFICATE

Directions: Enter all information requested below by **Typing** on the computer in the available spaces. To move from field to field use the **Tab** key or your mouse. Once completed, print and mail to the above address with the following:

1. Death Certificate are \$10.00 per copy
2. Certified check or Money Order only (payable to the "City of Mount Vernon")
3. Copy of valid Photo Identification required
4. Self addressed, stamped/return envelope



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**Application to Local Registrar
for Copy of Death Certification**

CERTIFICATE INFORMATION			
NAME OF DECEASED _____			
FIRST	MIDDLE	LAST	
DATE OF DEATH _____	NUMBER OF COPIES _____		
APPLICANT INFORMATION			
APPLICANT NAME _____			
FIRST	MIDDLE	LAST	
STREET _____			
CITY	STATE (OR COUNTY)	ZIP CODE	
What is your relationship to person whose record is required?			
Parent ____ Child ____ Spouse ____ Other (Specify) _____			
PLEASE PAY:			

SIGNATURE OF APPLICANT _____

SUBMIT APPLICATION WITH THE FOLLOWING:

- \$10.00 for each copy (Certified check or Money Order only) payable to the "City of Mount Vernon"
- Copy of valid Photo Identification
- Self addressed, stamped/return envelope