



**REGISTRAR'S OFFICE
CITY HALL – ROOM 115
ONE ROOSEVELT SQUARE
MT. VERNON, NY 10550
914-665-2356**

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to local Registrar for
Copy of Death Records

DEATH CERTIFICATE INFORMATION

Name of Deceased _____

Date of Death _____

Number of Copies _____

Purpose for which Record is required (check one):

Genealogy purposes (\$11.00 each copy)

Insurance purposes

Other (specify) _____

APPLICANT INFORMATION

First name Last name

What is your relationship to person whose record is
Required? _____

Address of Applicant

City State Zip Code

Telephone # Email Address

Applicant's Social Security No.

Signature of Applicant Date

For Registrar's Use Only

(Photo copy ID and attach to application form)

Type of ID:

Driver's License State _____

License # _____

Other ID, Specify _____

ID # _____

SWORN TO BEFORE ME

This _____ Day of _____ 20_____

(Notary Seal)

Notary Public

SUBMIT APPLICATION WITH THE FOLLOWING:

- \$10.00 for each certified copy (Certified check or Money Order Only) Payable to the "City of Mount Vernon"
- Copy of valid photo Identification
- Self address stamped return envelope