



CITY OF MOUNT VERNON, NEW YORK
DEPARTMENT OF VITAL STATISTICS
ONE ROOSEVELT SQUARE, ROOM 115
MOUNT VERNON, NEW YORK 10550
(914) 665-2356
Fax (914) 668-6044
www.cmyny.com

GEORGE W. BROWN
Registrar

KELLEY E. THOMAS
Deputy Registrar

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. Birth Certifications are \$10.00 per copy
2. Genealogy Copies are \$11.00 per copy
3. Certified check or Money Order only (payable to the "City of Mount Vernon")
4. Copy of valid Photo Identification required
5. Self addressed, stamped/return envelope
6. Request form must be notarized.



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 _____
 Name of Father of Deceased _____
 Name of Mother of Deceased _____

Number of copies with cause of death _____
 Number of copies with out cause of death _____

Purpose for which Record is required (check one or more):

- 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 for each certified copy and \$11 for each Genealogy copy (Certified check or Money Order Only)
 Make payment Payable to the "City of Mount Vernon"
- Copy of valid photo Identification & self address stamped return envelope