

Information Page
Mail-in Application for Certified Copy of Death Record

General Instructions

- **Do not** use this application to submit your request by fax.
- Do not use this application for genealogy requests.
- Use this application only if the death occurred in the City of Schenectady.
- Print a copy of this application, complete and sign.
- Mail application along with a certified check or money order, a copy of the required documentation and a self-addressed stamped or prepaid return envelope (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

Schenectady City Clerk
Vital Records Section – Room 107
105 Jay Street
Schenectady, NY 12305

Document May Be Issued To:

- The spouse, parent, sibling or child of the deceased
- Persons who have a:
 - Documented lawful right
 - Documented medical need

Identification Requirements:

Application must be submitted with copies of either A *or* B:

- A. One (1) of the following forms of valid photo-ID:
 - Driver license
 - Non-driver license
 - Passport
 - Other government issued photo-ID
- B. Two (2) pieces of mail from two different sources showing the same name and address of the applicant:
 - Utility bill or telephone bill
 - Letter from a government agency dated within the last six (6) months

Remit:

- The fee is \$10.00 per copy. Total for one (1) copy is \$10.00. Total for two (2) copies is \$20.00, etc.
- Send certified check or money order payable to the **Schenectady City Clerk**.
- **Do not send cash.**
- Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order.
- Return: Please include a self-addressed stamped or prepaid return envelope.

Death records cannot be mailed to a P.O. Box or third-party address unless the applicant completes a notarized signed consent, authorizing us to mail the certificate to a P.O. Box.

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 _____ Telephone number (____) _____
Address _____
City _____ State _____ Zip Code _____