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 | | | | |
|---|--|--|--|--|
| Date of Death or Period to be Covered by Search | | | | |
| | | | | |
| Social Security Number of Deceased | | | | |
| | | | | |
| Date of Birth of Deceased Age at Death | | | | |
| Month Day Year | | | | |
| Auburn Cayuga | | | | |
| 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 | | | | |
| | | | | |
| Date | | | | |
| | | | | |
| | | | | |

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 ADDRES | S WHERE RECORD SHO | OULD BE SENT |
|------|------------------------------|--------------------|--------------|
| Name | | | |
| City | | State | Zip Code |

Vital Records Section

Mail-In Application for Copy of Death Certificate

General Instructions

- Use this application if you are the spouse, parent or child of the deceased

- If you are **not** the spouse, parent or child of the deceased, then you must submit with this application a copy of documentation establishing a lawful right or claim (see below)

- Use this application only if the death occurred the City of Auburn, New York.
- Do not use this application for genealogy requests
- Print a copy of the completed application and sign
- Mail application with check or money order for \$10 in US funds (per each copy) payable to Auburn Vital Records
- Enclose a copy of the required documentation as listed below

What is a lawful right or claim?

- If the applicant is not the spouse, parent or child of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit

- Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim

Identification Requirements -- Application must be submitted with copies of either A or B:

Note: Copy of passport required if request is made from a foreign country that requires a US Passport for travel

- A. One (1) of the following forms of valid photo-ID:
 - Driver license
 - Non-Driver Photo-ID Card
 - Passport
 - Other government issued photo-ID
- B. Two (2) of the following showing the applicant's name and address:
 - Utility or telephone bills
 - Letter from a government agency dated within the last six months

Mail completed application, documentation and fee to:

Vital Records 24 South Street Suite 116 Auburn, NY 13021

NOTE: If delivery is to a **PO Box** or **third party**, you must submit with this application a **notarized statement** signed by the applicant giving us permission to mail to the address requested