

Pursuant to New York State Law the following family members are eligible to apply for Certified Death Certificates:

husband or wife of the deceased (must have been legally married at the time of death)  
biological children of the deceased  
biological siblings of the deceased

PLEASE CONTACT YOUR LEGAL ADVISOR IF YOU ARE:

ex-husband  
ex-wife  
stepchild  
Executor/Executrix  
Administrator/Administratrix  
Other non-related individual

The fee for a Certified Death Certificate is \$10.00

If you are not able to apply in person you may print the Application for a copy of the Death Record and mail it along with a copy of unexpired Identification and a Money Order payable to the Newfane Town Clerk for the amount required. The fee for each Certified Copy is \$10.00.

**PLEASE NOTE WE REQUIRE THE SIGNATURE OF THE APPLICANT TO BE NOTARIZED.**

If you need further assistance please call the Town Clerk's Office at (716) 778-8822 option #2

## Application to Local Registrar for Copy of Death Record

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

A. One (1) of the following forms of valid photo-ID: -OR- B. Two (2) of the following showing the applicant's name

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)

| Age at Death:

mm/dd/yyyy

Death Certificate No.: (If known)

Name of Father of Deceased:

Local Registration No.: (If known)

Place of Death:

Village, town or city

County

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)

Copies requested without  
confidential cause of death

Total number of  
copies requested

What is your relationship to person whose record is required?

If attorney, give name and relationship of your client to person whose record is required:

**If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.**

Date Signed:		
Month	Day	Year

**FOR REGISTRAR'S USE ONLY**

(Photocopy ID and attach to application form)

Type of ID:

☐ Driver License

Issuing state:

Expiration date:

Number:

☐ Other ID, Specify \_\_\_\_\_

Number:

Type:

Number:

Type:

(Applicant's Name)

(Street):

(City)

(State)

(Zip)

Telephone No.: (       )