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/Administratix
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

Fee: Monroe County - \$30	).00 / Other D	istricts - \$10	.00 per certifi	ed copy or No I	Record Certification	
Identification Requirements	Application mi	ist be submitted	with contac of a	fher A or D		
(Note: Copy of Passport require	d if request is m	ade from a fore	ion country that r	enuires a I.I.S. Pas	sport for travel.)	
A. One (1) of the following form	ns of valid photo	o-ID: -OR- I	3. Two (2) of the	following showing	the applicant's name	
<ul><li>Driver license</li><li>Non-driver photo-ID ca</li></ul>			and address:			
Passport			Utility or telephone bills			
• Employment ID			<ul> <li>Letter from a government agency dated within the last six (6) months</li> </ul>			
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			2	2001SL260	curity No. of Deceased:	
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Date of Death of Feriod to be 6	overed by Searc	II. (mm/ad/yyyy)	Date of E	lirth of Deceased:	Age at Death:	
From	То		n	nm / dd / yyyy		
Maiden Name of Mother of Dece	eased:			Death	Certificate No.: (If known)	
First	Middle		Maiden Last			
Name of Father of Deceased:	-			Local F	legistration No.: (If known)	
First	Middle					
Place of Death:	Macae		Last	<u> </u>		
Name of the last of the last	.45					
Name of Hospital or Street A	ddress	A A A A A A A A A A A A A A A A A A A	Village, to	whor city	County	
Number of Copies Requested: () Copies requested with	on daadis oechiii 	ug as or January	1. 1988 specify with			
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If vollars not	tha nazart so	After Service 1				
at the time o	f death. you m	ust submit do	ceased or the s	pouse of the dec a lawful right or	eased	
Signature of Applicant:			FOR R	a lawrui right or	claim.	
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<b>&gt;</b>	•		Driver License			
Address of Applicant:			20.40			
assession of whitefalls			Issuing state:			
· ·			Expiration date:			
(Applicant's Name)						
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Sufficient of the November 1	( - mo)					
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