

# Town of Victor - Application for Copy of Death Certificate

## Information Page

### General Instructions

- Use this application if you are the spouse, parent, sibling, or child of the deceased. Document(s) to prove relationship may be required. Example: if you are the spouse of the decedent, then you must provide a copy of your marriage certificate. If you are the child of the decedent, then you must provide your birth certificate that lists your parent's names.
- If you are **not** the spouse, parent, sibling, or child of the deceased then you must submit with this application a copy of documentation establishing a lawful right or claim (see below).
- **Do not** use this application for genealogy requests.
- Mail or bring in the completed application, copy of your identification, any required documentation, along with payment to: Victor Town Clerk, 85 East Main Street, Victor, NY 14564.
- **No faxed or emailed copies of the application will be accepted.**

### What is a lawful right or claim?

- If the applicant is not the spouse, parent, sibling, or child of the decedent, a lawful right of 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:

**Note:** Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.

One (1) of the following forms of valid photo-ID:

- Driver's License
- Non-Driver Photo ID Card
- Passport
- Other government issued photo-ID

### Fees

- Cost is \$10.00 for each certified copy.
- Payments accepted: check, money order or bank check payable to "Victor Town Clerk".
- Credit card payments accepted in person only ( With applicable fees)
- If no record is on file, a "**No Record Certification**" will be issued and the fee returned.

**Note:** If the request is from a qualified applicant that indicates a Post Office Box as their return address, a NOTARIZED signed consent is required.

# 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 First Middle Last			Date of Death or Period to be Covered by Search		
Name of Father of Deceased First Middle Last			Social Security Number of Deceased		
Maiden Name of Mother of Deceased First Middle Last			Date of Birth of Deceased Month Day Year		Age at Death
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, 1968**

\_\_\_\_\_ 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 \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_