

Instructions to obtain a Death Certificate by mail:

- DO NOT USE THIS APPLICATION FOR GENEALOGY REQUESTS.
- Application *or* letter of request is required.
- If mailing letter of request, please include the following: Full name of deceased, date of death, applicant's relationship to the deceased, reason for which the record is needed, applicant's phone #, mailing address, and signature.
- A copy of applicant's **valid** driver's license *or* state issued non-driver ID card is required (**current mailing address *must* match the address listed on applicant's identification**). If you do not have a valid driver's license, please contact our office at 315-339-7756 for other acceptable forms of identification.
- The fee for a death certificate is \$10.00 *per copy* - **Money orders only, we do not accept personal checks.** Please make money order payable to *Rome City Clerk*.
- The return mail policy is within 2 days upon receipt of the request. Please include a self-addressed stamped envelope with your request. ******If applicant's return address is a Post Office Box, a signed notarized letter of consent is required, giving the Rome City Clerk's Office permission to mail the birth certificate to the PO Box.***
- If your need is urgent, we suggest using an overnight mail service to send the request, and include a self-addressed, pre-stamped overnight envelope that we can send back once your request is processed. Overnight mail applications are processed the same day they are received in our office.

MAIL ALL REQUESTS TO:

**Office of the City Clerk
198 N. Washington St.
Rome, NY 13440**

For more information on eligibility requirements or to order vital records online, see the New York State Department of Health Vital Records at https://www.health.ny.gov/vital_records/

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Death Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

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 U.S. Passport for travel.)
A. One (1) of the following forms of valid **photo-ID**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

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

Name of Deceased: <i>First Middle Last</i>	Social Security No. of Deceased:
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Date of Death or Period to be Covered by Search: (mm/dd/yyyy) <i>From To mm / dd / yyyy</i>	Date of Birth of Deceased:	Age at Death:
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Maiden Name of Mother of Deceased: <i>First Middle Maiden Last</i>	Death Certificate No.: (if known)
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Name of Father of Deceased: <i>First Middle Last</i>	Local Registration No.: (if known)
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Place of Death:

Name of Hospital or Street Address 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 **with** confidential cause of death _____ Copies requested **without** confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required:	What is your relationship to person whose record is required?
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In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
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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.

Signature of Applicant: <i>></i>	Date Signed: Month Day Year ____	<p align="center">FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form)</p> <p>Type of ID: <input type="checkbox"/> Driver License</p> <p>Issuing state: _____</p> <p>Expiration date: _____</p> <p>Number: _____</p> <p><input type="checkbox"/> Other ID, Specify</p> <p>Number: _____</p> <p>Type: _____</p> <p>Number: _____</p> <p>Type: _____</p>
Address of Applicant: <i>(Applicant's Name)</i> _____ <i>(Street)</i> _____ <i>(City)</i> _____ <i>(State)</i> _____ <i>(Zip)</i> _____	Telephone No.: () _____	