

## ***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/](https://www.health.ny.gov/vital_records/)*

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy. Make money order or certified check payable to **ROME CITY CLERK**. *Please do not mail in cash or personal checks.* All requests by mail should be sent to **Rome City Clerk - 198 N. Washington St., Rome, NY 13440.**

**PLEASE INCLUDE A PHOTOCOPY OF YOUR VALID DRIVER LICENSE**

**PLEASE PRINT OR TYPE**

NAME OF DECEASED	First	Middle	Last	DATE OF DEATH		
NAME OF FATHER OF DECEASED	First	Middle	Last	SOCIAL SECURITY NUMBER OF DECEASED <i>(if known)</i>		
<b>MAIDEN NAME OF MOTHER OF DECEASED</b>	First	Middle	Last	BIRTH DATE OF DECEASED		AGE AT DEATH
				Month	Day	Year
PLACE OF DEATH						
Name of Hospital or Street Address				Village, Town or City		County
PURPOSE FOR WHICH RECORD IS REQUIRED				NUMBER OF COPIES		<input type="checkbox"/> <b>WITH</b> confidential cause of death <input type="checkbox"/> <b>WITHOUT</b> confidential cause of death
What was your relationship to the deceased? _____						
In what capacity are you acting? _____						
Signature of Applicant _____				Date _____		
Address of Applicant _____						
Phone Number _____			Email Address _____			

**PLEASE PRINT NAME AND ADDRESS WHERE RECORDS SHOULD BE SENT**

Name _____
Address _____
City _____ State _____ Zip Code _____

**ROME CITY CLERK  
198 N. WASHINGTON ST.  
ROME, NY 13440  
(315) 339-7659**