

Instructions for obtaining a Certified Death Certificate by mail

- **DO NOT USE THIS APPLICATION FOR GENEALOGY REQUESTS.**
- The only individuals entitled to *certified* copies of a death record must have the following relationship to the decedent:
 - Surviving spouse (***must be listed on the record***)
 - Parent of the decedent
 - Child of the decedent
 - Sibling of the decedent
- Application *or* letter of request is required.
- If mailing a letter of request, be sure include the following:
 - *Full name* of the decedent
 - Date of death
 - Applicant's relationship to the decedent
 - Reason for which the record is needed
 - Applicant's phone number, mailing address, and signature
- Identification Requirements - application must be submitted with copies of either A or B:
 - A) **One (1)** of the following forms of valid photo-identification:
 - ***Valid*** driver license (***must show current mailing address***)
 - ***Valid*** state-issued non-driver photo-identification card (***must show current mailing address***)
 - B) **Two (2)** of the following showing the applicant's name and current mailing address:
 - Utility or telephone bills
 - Letter from a government agency dated within the last six (6) months
- The fee for a certified death certificate is **\$10.00 per copy**.
 - ***Payments must be made by money orders only, payable to Rome City Clerk.***
- The return mail turnaround time is within two (2) business days upon receipt of the request. Please include a self-addressed and pre-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 record 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 and pre-stamped overnight envelope that we can send back once your request is processed. *Overnighted applications are processed the same day as 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, please visit the New York State Department of Health Vital Records website at 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>		
MAIDEN NAME OF MOTHER OF DECEASED	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"/> WITH confidential cause of death <input type="checkbox"/> WITHOUT 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**