

DEATH CERTIFICATES ISSUANCE

The applicant must provide the decedent's name and date of death. The local registrar may require additional information about the decedent. The letter or application for DOH-294A must be signed. Local registrars may require that the signature be notarized. If someone makes a request other than the spouse, parent or child of the deceased, the application or letter must be accompanied by supporting documents establishing a legal right or claim to obtain a certified copy or transcript, or a judicial or other proper purpose to obtain a certification.

A CERTIFIED COPY or a CERTIFIED TRANSCRIPT of a death certificate may be issued to:

1. the surviving spouse, parent or child of the deceased;
2. the lawful representative of the spouse, parent or child of the deceased;
3. a person requiring the record for a documented medical need;
4. a person requiring the record for a documented legal right or claim;
5. a municipal, state or federal agency when needed for official purposes or
6. a person with a New York State Court Order issued on a showing of necessity

Identification requirements: Applications must be submitted with a copy of one of the following forms of valid ID:

1. Driver's license
2. DMV issued non-driver photo ID card
3. Passport
4. Naturalization Papers
5. Military ID
6. Employer's Photo ID
7. Two utility bills dated within the last six months showing applicants name and address
8. Police report of lost or stolen ID

And a \$10.00 Cash, Check, or Money Order per copy made payable to:

Incorporated Village of Freeport

Requests may be made by walk-in or by mail to:

*Incorporated Village of Freeport
Registrar's Office
46 North Ocean Avenue
Freeport, NY 11520*

A COPY OF A DEATH RECORD WILL ONLY BE ISSUED IF ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED.

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

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

Fee: County Districts - \$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: _____ Social Security No. of Deceased: _____
First Middle Last

Date of Death or Period to be Covered by Search: *(mm/dd/yyyy)* Date of Birth of Deceased: _____ Age at Death: _____
From To mm / dd / yyyy

Maiden Name of Mother of Deceased: _____ Death Certificate No.: *(if known)*
First Middle Maiden Last

Name of Father of Deceased: _____ Local Registration No.: *(if known)*
First Middle Last

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** _____ Copies requested **without** _____ Total number of _____
 confidential cause of death confidential cause of death copies requested

Purpose for which Record is Required: _____ What is your relationship to person whose record is required? _____

In what capacity are you acting? _____ If attorney, give name and relationship of your client to person whose record is required: _____

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