



Application for Copy of Death Record

Registrar • 1 Roosevelt Sq. • Mt. Vernon, NY 10550 • (914) 665-2356

Please Note: Only for Deaths that occurred in the City of Mount Vernon, NY

1 Identification Requirements (One of the following) IDENTIFICATION CANNOT BE EXPIRED

Driver's License or Non-driver's license Passport or Military ID

2 Additional Documentation Required

If you are a **spouse** and were married at the time of death, one of the above mentioned IDs would suffice.

If you are an adult **child**, you must present a certified copy of your birth record which shows parents' names.

If you are a **sibling**, you must present a certified copy of your birth record which shows parents' names.

If you are an **attorney**, your request must be received on your law firm stationary and payment must be in the form of a law firm check.

Anyone who can demonstrate a legal claim or official medical need, will need to have additional supporting documentation. Please call our office for more information.

3 Payment is \$10.00 per copy. WE DO NOT ACCEPT PERSONAL CHECKS. In person: Cash, money order or certified bank check. By mail: Money orders or certified bank check made payable to "City of Mount Vernon" and a self addressed, stamped envelope for return

DECEDENT

First Name Middle Name Last Name (at time of death) Date of Death

Place of Death Purpose record is required

Full Maiden name of Mother With cause Without cause

Father Number of Copies

APPLICANT

Full Name Relationship

Telephone Number Address

Signature _____ Date



If you are mailing your request, please sign this form in the presence of a notary public

NOTARY PUBLIC

State of _____ County of _____

On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument as well as his/her signature. My commission expires on _____.

NPublic signature _____ NPublic printed name _____