

NOTE: See reverse for
 - FEES
 - I.D. REQUIRED
 - PROOF OF RELATIONSHIP
 - DOCUMENTATION
 OF LEGAL NEED

TOWN OF NEW HARTFORD
 Gail Wolanin Young, CMC/RMC, Registrar
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 New Hartford, NY 13413

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 x 2322 or 2325

Download applications:
www.town.new-hartford.ny.us
 "QUICK CLICK" Printable Forms

APPLICATION FOR DEATH RECORD

TYPE OF RECORD DESIRED:

Certification

A Certification, an abstract from the death certificate issued under seal of the Department, includes the name, date and place of death.
 A Certification may be used as proof that the event occurred. Number of copies

Certified Copy

A Certified Copy, a photostatic copy of the original death certificate includes all of the information found on the original death certificate.
 A Certified Copy may be required where proof of parentage and certain other detailed information may be necessary such as:
 veterans' benefits, court proceedings, or settlement of an estate.

Number of copies with manner of death but without medical cause

Number of copies with manner and medical cause of death

NOTE: A NO RECORD CERTIFICATION will be issued if, upon our search, the desired record cannot be located (Fee: \$10.00)

PLEASE PRINT OR TYPE

DEATH RECORD OF	(First)	(Middle)	(Last)	DATE OF DEATH
PLACE OF DEATH	(Name of Hospital or Street Address)			TOWN OF NEW HARTFORD ONEIDA COUNTY
SOCIAL SECURITY NUMBER OF DECEASED	(Month) (Day) (Year)			AGE AT DEATH
NAME OF FATHER OF DECEASED	(First)	(Middle)	(Last)	MAIDEN NAME OF MOTHER OF DECEASED (First) (Middle) (Last)

* FOR EACH DEATH RECORD REQUESTED, WRITE THE NO. OF COPIES IN THE BOXES BELOW FOR WHICH THE RECORD IS NEEDED:

<input type="checkbox"/> ANNULMENT	<input type="checkbox"/> INSURANCE (deceased a beneficiary)	<input type="checkbox"/> SOCIAL SECURITY
<input type="checkbox"/> BANKING (check/savings)	<input type="checkbox"/> MOTOR VEHICLE TRANSFER	<input type="checkbox"/> SOCIAL SERVICES
<input type="checkbox"/> BOND/STOCK TRANSFER	<input type="checkbox"/> REAL ESTATE TRANSFER	<input type="checkbox"/> SURROGATE COURT
<input type="checkbox"/> INSURANCE (of deceased)	<input type="checkbox"/> RETIREMENT	<input type="checkbox"/> VETERAN'S BENEFITS
<input type="checkbox"/> OTHER; specify purpose _____		

What was your relationship to deceased? _____

In what capacity are you acting? _____

If funeral director or attorney, provide the following information ON YOUR CLIENT:

Name: _____ Relationship to deceased: _____

Address: _____

Signature of Applicant: _____

Address of Applicant: _____

Phone: (____) _____ Date: _____

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION ON THE REVERSE SIDE OF THIS FORM.

Please enclose a self-addressed, stamped envelope and print name and address where record should be sent:

Name _____

Address _____

City _____ State/Zip _____

FEES/MANNER OF PAYMENT:

Fee: \$10.00 per copy – Money orders and cashier checks made payable to **TOWN OF NEW HARTFORD**.
Personal checks will NOT be accepted unless **CERTIFIED**.

When an exact date of death cannot be provided, the following SCHEDULE OF FEES shall apply for a search and certification:

1 - 3 years	\$10.00	31 - 40 years	\$30.00
4 - 10 years	\$15.00	41 - 50 years	\$35.00
11 - 20 years	\$20.00		
21 - 30 years	\$25.00		

For every additional ten (10) years, an additional \$5.00

I.D. REQUIRED

All persons requesting a death record **MUST** complete the attached application.

In accordance with State rules and regulations, ALL applicants must provide the original (or photocopy if applying by mail) of ONE (1) of the following documents as proof of who they are:

- current Driver's License (showing physical address – no PO Boxes)
- current Non-Driver's License (showing physical address – no PO Boxes)
- current Military Identification Card
- current Passport
- Naturalization papers (NOTE: DO NOT PHOTOCOPY - IT IS A FEDERAL CRIME TO PHOTOCOPY THIS DOCUMENT. THE ORIGINAL MUST BE PRESENTED)
- current employer's photo identification card (must contain employee's name, date of birth, signature and evidence that the i.d. card is current)
- two (2) current and different utility bills issued and showing the applicant's name and address, together with the cancelled checks for payment of the bills or the bill stamped "PAID."

NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY.

PROOF OF RELATIONSHIP; DOCUMENTATION OF LEGAL NEED

Applicants may be required to submit proof of relationship to the decedent, i.e., marriage record, long-form birth certificate showing parents' names, or other document. Applicants may also be required to submit documentary evidence of their legal need for death transcripts.