NEW YORK STATE DEPARTMENT OF HEALTH VITAL RECORDS SECTION

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification					
Identification Requirements: Application must be sub (Note: Copy of Passport required if request is made from A. One (1) of the following forms of valid photo-ID: -O	omitted with co a foreign cour R- B. Two (pies of either A <i>or</i> E itry that requires a l	}. J.S. Passp	oort for travel.)	
 Driver license Non-driver photo-ID card Passport Employment ID 	ver photo-ID card t ment ID Utility or telephone Letter from a gove last six (6) months			ernment agency dated within the	
Name of Deceased:		S	ocial Secu	cial Security No. of Deceased:	
Pirst Middle Date of Death or Period to be Covered by Search: (mm/d)	Last (d/yyyy)	Date of Birth of De	ceased:	Age at Death:	
From To Maiden Name of Mother of Deceased:	To lame of Mother of Deceased:		Death Certificate No.: (If known)		
First Middle Name of Father of Deceased:	Maider	Maiden Last Lo		Local Registration No.: (If known)	
First Middle Place of Death:	Las	Last			
Name of Hospital or Street Address 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 Copies requested without Total number of copies requested 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.					
Date Signed:	Type of	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) Type of ID: Driver License			
> And the set Amelia and the		Issuing state:			
Address of Applicant:		Expiration date:			
(Applicant's Name)		Number: Other ID, Specify			
(Street)	Type:	Number:			
(City) (State) (Zip) Telephone No.: ()	Number:				

DOH-294A (06/2005)

Mail Application, Copy of ID and Fee to: Laureen Abbatantuono 4 Main Street Poughquag, NY 12570