

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE APPLICATION.**

**ALL PERSONS REQUESTING A DEATH RECORD MUST COMPLETE THE APPLICATION.**

**GENERAL INSTRUCTIONS**

- Do not use this application for fax requests. Do not use this application for genealogy requests.
- Use this application if you are the spouse, parent, child, or sibling of the deceased.
- If you are not the spouse, parent, child, or sibling of the deceased, then you must submit with this application documentation establishing a lawful right or claim. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of a copy of a court order or an official letter with original, authorizing signature verifying that a copy of the requested death record is required in order to process a claim.

**FEE/MANNER OF PAYMENT**

- Fee: \$10.00 per copy
- Cash, Money Order, or Cashier Check made payable to TOWN OF NEW HARTFORD.
- **Personal checks are NOT 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	21 – 30 years:	\$25.00	
4 – 10 years:	\$15.00	31 – 40 years:	\$30.00	For every additional ten (10) years, add \$5.00
11 – 20 years:	\$20.00	41 – 50 years:	\$35.00	

**TYPES OF IDENTIFICATION REQUIRED**

In accordance with New York State rules and regulations, **ALL** applicants must provide the original (or photocopy if applying by mail) of **ONE (1)** of the following as proof of identity - **NO OTHER DOCUMENTS WILL BE ACCEPTED AS IDENTITY:**

- Current photo Driver's License (showing physical address; no PO Boxes)
- Current photo 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 card is current)
- Two (2) current utility bills issued from two different companies and showing applicant's name and

address. **Please Note:**

- WE CANNOT MAKE OR RETURN LONG-DISTANCE TELEPHONE CALLS. Please provide your EMAIL ADDRESS if you need us to contact you: \_\_\_\_\_
- If mailing your application, provide a No. 10 Self-Addressed, Stamped Return Envelope in order for us to process your request. If your need is urgent, we suggest using an overnight mail service, and include a self-addressed, pre-stamped overnight envelope that we can send back to you the day we fulfill your request.
- We are prohibited from discussing specific Vital Records information or receipt of your application and payment over the telephone. If you wish to be notified that we have received your application, please use a mail service tracking service for your own tracking and record-keeping purposes.

**Please provide your mailing information, below:**

*(no PO Box, c/o address, or business address unless for business purposes)*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Remember to include:

- > Completed application
- > Photocopy of acceptable ID
- > Payment
- > Name change document, if required
- > Legal or filiation papers, if required
- > Self-addressed, stamped envelope

# APPLICATION FOR DEATH RECORD



**TOWN OF NEW HARTFORD**  
**Registrar of Vital Statistics**  
8635 Clinton Street, New Hartford, NY 13413  
315-733-7500 EXT. 2320 or 2325  
[theresam@townofnewhartfordny.gov](mailto:theresam@townofnewhartfordny.gov)

**OFFICE USE ONLY:**

DOH: \_\_\_\_\_

Certified Copy: \_\_\_\_\_

By Whom: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: A No Record Certification will be issued if, upon our search, the desired record cannot be located. Fee is \$10.00**

**WRITE NUMBER OF COPIES DESIRED:**

Fee: \$10.00 per copy

**CERTIFICATION** (DOH-2825; an abstract showing name, date, and place of death. May be used as proof the event occurred).

**TRANSCRIPT** (DOH-4144; shows decedents' name, gender, date and place of death and birth, Veteran status, marital status, parents' names, physician, manner of death, funeral home and place of burial).

.....OR.....

**CERTIFIED COPY** (a photostatic copy of the original death record. May be required where proof of parentage and certain other detailed information is necessary for veteran's benefits, court proceedings, or estate settlement).

Total number of certified copies with manner of death but WITHOUT medical cause

Total number of certified copies with manner AND medical cause of death

FIRST DEATH RECORD OF	MIDDLE	LAST	
DATE OF DEATH	DATE OF BIRTH	SOCIAL SECURITY NUMBER	AGE AT DEATH
PLACE OF DEATH (HOSPITAL OR STREET NAME)	TOWN OF NEW HARTFORD	LOCAL REGISTRATION NO. (if known)	
FIRST FATHER'S NAME OF DECEASED	MIDDLE	LAST	
FIRST MOTHER'S MAIDEN NAME OF DECEASED	MIDDLE	LAST (MAIDEN) NAME	
FOR EACH RECORD REQUESTED, WRITE NO. OF COPIES IN BOX	Annulment Banking (check/savings) Bond/Stock Transfer Insurance (of deceased) Other (please specify): _____	Insurance (deceased a beneficiary) Motor Vehicle Transfer Real Estate Transfer Retirement	Social Security Social Services Surrogate Court Veteran's Benefits

What is your relationship to deceased? \_\_\_\_\_ In what capacity are you acting? \_\_\_\_\_

If funeral director or attorney, provide the following ON YOUR CLIENT: Name: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_ Address: \_\_\_\_\_

**PROOF OF RELATIONSHIP; DOCUMENTATION OF LEGAL NEED**

Applicant may be required to submit proof of relationship to decedent, such as marriage record, long-form birth record showing parents' names or other documents. Applicant may also be required to submit documentary evidence of legal need for death records.

*My signature certifies my understanding of and agreement with the requirements as stated in the general instructions on the application. NOTE: A No Record Certification will be issued if, upon our search, the record cannot be located. FEE \$10.00.*

**Signature of Applicant:** \_\_\_\_\_

**Address** (no PO Boxes, business addresses, or c/o addresses):

**Phone Number:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email address:** \_\_\_\_\_ (optional)

**DATE:**

Rev. 01/2026