

Mail this form to:

Village/Town of Mount Kisco

104 Main Street

Mount Kisco, NY 10549

Attn: Vital Statistics

Application to Local Registrar
for Copy of Death Record

| | | |
|---|--|---|
| Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification | | |
| Identification Requirements: Application <i>must</i> 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: | | |
| <ul style="list-style-type: none"> • Driver license • Non-driver photo-ID card • Passport • Employment ID | <ul style="list-style-type: none"> • 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: |
| 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 confidential cause of death _____ | Copies requested without confidential cause of death _____ | Total number of 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 | |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Address of Applicant: | FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) | |
| | Type of ID: | <input type="checkbox"/> Driver License |
| | Issuing state: | _____ |
| | Expiration date: | _____ |
| | Number: | _____ |
| (Applicant's Name) | <input type="checkbox"/> Other ID, Specify | _____ |
| | Number: | _____ |
| | Type: | _____ |
| (Street) | Number: | _____ |
| (City) | Type: | _____ |
| (State) | Number: | _____ |
| (Zip) | Type: | _____ |
| Telephone No.: () _____ | | |