OFFICE OF THE TOWN CLERK
81 W. Bayard Street
Seneca Falls, NY 13148
Phone (315) 568-8013

Application to Local Registrar For Copy of Death Record

SEARCH INFORMATION

Name of Deceased Search

First Middle Last
_____

Date of Death or Period to be Covered by

Name of Father of Deceased

First Middle Last

Social Security Number of Deceased

_____-_____-_____

Maiden Name of Mother of Deceased

First Middle Last

Date of Birth of Deceased

_____ ___ ____
Month Day Year

Age at Death

_____

Place of Death

_____ _____ _____
Name of Hospital or Street Address Village, Town or City County

___ Number of Copies Requested

FEE: $10.00 per certified copy, $11.00 for genealogy – make check or money order payable to Seneca Falls Town Clerk

Purpose for which Record is Required

APPLICANT INFORMATION

Name_____

What is your relationship to the person whose record is required?

__ Self __ Parent __ Other, specify _____

In what capacity are you acting?
_____

Telephone No. (_____) _____ - _____

Social Security No: _____

_____
Signature of Applicant Date
___ ___ ____

Address of Applicant

_____
Street

_____
City State Zip Code

If attorney, give name and relationship of your client to person whose record is required

_____ _____
Name of Client Relationship

FOR REGISTRAR'S USE ONLY

TYPE OF ID (Photocopy ID and attach to application form)

Driver's License
__ State _____ No. _____

__ Other ID, specify

_____

No. _____

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's License
5. Military ID

2. Non-driver's License
3. Passport
4. Naturalization Papers
6. Employer's Photo ID
7. Two utility bills, showing applicant's name and address
8. Police report of lost or stolen ID

WILL NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED