



OFFICE OF THE TOWN CLERK

130 Ovid Street
Seneca Falls, NY 13148
Phone: (315) 568-8013

**Application to Local Registrar
For Copy of Death Record**

SEARCH INFORMATION

Name of Deceased			Date of Death or Period to be Covered by Search
First	Middle	Last	_____

Name of Father of Deceased			Social Security Number of Deceased
First	Middle	Last	# _____ - _____ - _____

Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
			_____	_____	_____

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

<p><u>APPLICANT INFORMATION</u></p> <p>Name _____</p> <p>What is your relationship to the person whose record is required? ___ Self ___ Parent ___ Other, specify _____</p> <p>In what capacity are you acting? _____</p> <p>Telephone No. (_____) _____ - _____</p> <p>Social Security No: _____</p> <p>Signature of Applicant _____ Date _____</p> <p>Address of Applicant _____ _____ Street _____ City _____ State _____ Zip Code _____</p>	<p>If attorney, give name and relationship of your client to person whose record is required</p> <p>_____</p> <p>Name of Client _____ Relationship _____</p>
	<p>FOR REGISTRAR'S USE ONLY</p> <p>TYPE OF ID (Photocopy ID and attach to application form)</p> <p>Driver's License ___ State _____ No. _____</p> <p>___ Other ID, specify _____ _____</p> <p>No. _____</p>

TYPES OF ACCEPTABLE IDENTIFICATION

1. Driver's License
2. Non-driver's License
3. Passport
4. Naturalization Papers
5. Military ID
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