

Information Page - Application for Copy of Death Certificate

General Instructions

- Use this application if you are the spouse, parent or child of the deceased. Document(s) to prove relationship is required. Example: if you are the spouse of the decedent, then you must provide a copy of your marriage certificate. If you are the child of the decedent, then you must provide your birth certificate that lists your parent's names.
- If you are **not** the spouse, parent or child of the deceased then you must submit with this application a copy of documentation establishing a lawful right or claim (see below).
- **Do not** use this application for *genealogy requests*.
- Print a copy of this application, complete and sign. Signature(s) must be notarized.
- Mail the completed application, copy of your identification, any required documentation, along with payment to: Lockport Town Clerk; 6560 Dysinger Rd.; Lockport NY 14094.

What is a lawful right or claim?

- If the applicant is not the spouse, parent or child of the decedent, a lawful right of claim must be documented. 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 verifying that a copy of the requested death record is required from the applicant in order to process a claim.

Identification requirements – Application *must* be submitted with copies of A and 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:

- Driver's License
- Non-Driver Photo ID Card
- Passport
- Other government issued photo-ID

B. Documented proof of relationship to deceased (marriage certificate, birth certificate, etc.)

Fees

- Cost is \$10.00 for each certified copy.
- Payments accepted: money order or cashier's check payable to "Lockport Town Clerk".
- Personal checks **drawn on banks within our locale only**.
- If no record is on file, a "**No Record Certification**" will be issued and the fee returned.

**Town of Lockport
Vital Records**

Application for Copy of Death Certificate

DECEDENT INFORMATION

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| Name of Deceased _____ First Middle Last | | | Date of Death _____/_____/_____ | | | Social Security No of Deceased ____-____-_____ | | |
| Name of Father of Deceased _____ First Middle Last | | | Maiden Name of Mother of Deceased _____ First Middle Maiden | | | Date of Birth of Deceased ____/____/_____ | | |
| Place of Death _____ Name of Hospital or Street Address Town County | | | | | | Age at Death _____ | | |

APPLICANT INFORMATION

Purpose for which record is required _____

What is your relationship to the Deceased? _____

In what capacity are you acting? _____

If attorney, name and relationship of your client to the deceased _____
(enclose copy of authorization)

Signature of Applicant _____ **Date** ____/____/_____

| | |
|--|---|
| <p>STATE OF _____</p> <p>COUNTY OF _____</p> <p>_____ (notary signature)</p> | <p>Subscribed and sworn to (or affirmed) before me this ____ day of _____, _____ by _____ whose identity I proved on the basis of _____. (stamp/seal here)</p> |
|--|---|

MAILING INFORMATION

Number of Copies requested _____ **Payment enclosed: \$** _____

A fee of \$10.00 applies for each copy. Enclose money order or check (drawn on bank in our locale only)

Cause of death ___Y___ N (Must be completed for Deaths occurring as of January 1, 1988)

Name / Address where record should be sent _____

