Instructions to Request a Certified Death Certificate

Who can request a Death Certificate:

- Parent
- Spouse
- Child
- Sibling
- Court Order
- All others will need documented proof

Please complete the death certificate application and attach a copy of a valid photo ID.

Acceptable forms of identification are:

- Driver's License
- Non-driver's License

If using the items listed below, we will also need two (2) utility bills showing applicants' name and address.

- Passport
- Naturalization Papers
- Military ID
- Employer's Photo ID
- Police Report of lost or stolen ID

Fee is $15.00 per certified copy. Enclose a money order payable to "Town of Oswego ". Checks from a non-local bank will have a 15-day holding period before certificate(s) will be released.

Be advised Oswego Town Hall does not have a UPS or Fed-Ex pick up, so USPS will be used.

Upon completion mail application and identification to:

Oswego Town Clerk's Office
2320 County Route 7
Oswego, New York 13126

If you have questions or concerns, please contact townclerk@townofoswego.com

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

Application to Local Registrar for Copy of Death Record

Fee: $15 per copy

Identification Requirements: Application *must* 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**

- Driver license
- Non-driver photo-ID card
- Passport
- U.S. military issued photo-ID

-OR-

B. Two (2) of the following showing the applicants name and address:

- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: *First* *Middle* *Last*	Social Security No. of Deceased:
Date of Death or Period to be Covered by Search: (*mm/dd/yyyy*) From To	Date of Birth of Deceased: *mm/dd/yyyy* / Age at Death:
Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*	Death Certificate No.: *(if known)*
Name of Father of Deceased: *First* *Middle* *Last*	Local Registration No.: *(if known)*
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, 1998 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

Last 4 Digits of Credit Card:

Address of Applicant:

(Applicant's Name)

(Street)

(City) *(State)* *(Zip)*

Telephone No.: ( )

FOR REGISTRAR'S USE ONLY
(Photocopy ID and attach to application form)

Type of ID:

☐ Driver License
Issuing state: _____
Expiration Date: _____
Number: _____

☐ Other ID, Specify
Number: _____
Type: _____
Number: _____
Type: _____

DOH-294A (06/2005)