

Information Page Mail-in Application for Copy of Death Certificate

General Instructions

Do not use this application for *fax requests*.

Use this application if you are the spouse, parent or child of the deceased.

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).

Use this application only if the death occurred in New York State outside of New York City. **Do not** use this application if the death occurred in any of the five (5) boroughs of New York City.

Do not use this application for *genealogy requests*.

Print a copy of this application, complete and sign.

Mail application with check or money order and a copy of any required documentation (see below).

For regular handling send by first class mail, registered mail, certified mail or U.S. Priority Mail to:

For priority handling call 518-234-1719

Town of Cobleskill
378 Mineral Springs Road
PO Box 327
Cobleskill, NY 12043

What is a lawful right or claim?

If the applicant is not the spouse, parent or child of the decedent, a lawful right or 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 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
- Other government issued photo-ID

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 months

Fees: If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded.

For regular handling: The fee is \$10.00 per copy. Total for one (1) copy is \$10.00. Total for two (2) copies is \$20.00, etc.

For priority handling: Completed requests will be returned by first class mail unless a United States pre-paid return mailer for overnight delivery is provided with the request.

Send check or money order payable to the Town Clerk.. Do not send cash.

Note: Payment submitted from foreign countries must be made by a check drawn on a United States bank or by international money order. **Do not send cash.**

Completing the Form : You can print out a blank copy of the form and then type or print the required information.

Be sure to sign the form before mailing and include a check or money order made payable to the Town Clerk along with copies of any required documentation

Mail-in Application for Copy of Death Certificate

Required ID must be included with application. Make check or money order payable to Town Clerk.								
For regular handling: Enclose \$10 per copy or No Record Certification. Send to: Town of Cobleskill 378 Mineral Springs Road PO Box 327 Cobleskill, NY 12043	For priority handling: Call 518-234-1719 United States pre-paid return mailer for overnight delivery must be provided with the request							
Name of Deceased:		Social Security No. of Deceased:						
<i>First</i>	<i>Middle</i>	<i>Last</i>						
Date of Death or Period to be Covered by Search: (mm/dd/yyyy)		Date of Birth of Deceased:						
<i>From</i>	<i>To</i>	<i>mm / dd / yyyy</i>						
Maiden Name of Mother of Deceased:		Death Certificate No.(<i>if known</i>)						
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>						
Name of Father of Deceased:		Local Registration No.(<i>if known</i>)						
<i>First</i>	<i>Middle</i>	<i>Last</i>						
Place of Death:								
<i>Name of Hospital or Street Address</i>		<i>Village, town or city</i>						
		<i>County</i>						
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:							
Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.								
Signature of Applicant:	Date Signed: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> <td style="text-align: center;">Year</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Month	Day	Year				Regular Handling <input type="checkbox"/> \$10.00 x _____ _____ Copies = \$ _____
Month	Day	Year						
Address of Applicant:		Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicants drivers license.)						
_____ (Applicants Name)								
_____ (Street)								
_____ (City)	_____ (State)		_____ (Street)					
_____ (City)	_____ (State)		_____ (City)					
Telephone No.: () _____		_____ (State) (Zip)						