VILLAGE OF ROCKVILLE CENTRE

P.O. BOX 950
ROCKVILLE CENTRE, N.Y. 11571-0950

Inc. Village of Rockville Centre-Registrar's Office for Birth & Death Certificates (516)678-9258

Place of birth or death must be within the **Inc. Village of Rockville Centre**

- Birth Certificate (October 2, 1941 to Present)
- Death Certificates

Death Record Application

A certified copy of a death record may be obtained in person or by mail within 5 business days from receipt of payment. _Applying in person does not supersede the 5 day processing time frame._

There is a $10.00 fee per certified copy of a death certificate. Acceptable forms of payment include cash, money order or certified check

Death records may be requested by the immediate family: parents of deceased, siblings of the deceased, child or surviving spouse (if listed on death certificate)

Applicants should bring the completed Application to Local Registrar for Copy of Death Record to Village Cashier's Office along with proper identification and the appropriate fee. **Proof of relationship to the decedent will be required by all immediate family members** with the exception of the surviving spouse. Proof of a legal/medical need is required for all applicants requesting death records for that purpose.

For parents or surviving spouse, acceptable forms of identification include government issued identification or passport. For a child or sibling, acceptable types of relationship include a birth certificate or long form marriage record with government issued identification.

Apply in Person:

DO NOT MAIL TO THIS ADDRESS
Village Hall-Rockville Centre
1 College Place
Rockville Centre, NY 11570
8:00am-3:00pm, Monday-Friday

MAILING ADDRESS:

Inc. Village of Rockville Centre
Attn: Registrar
P.O. Box 950
Rockville Centre, NY 11571-0950

NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION

Application to Local Registrar
for Copy of Death Record

Fee: County Districts - $30.00 / Other Districts - $10.00 per certified copy or No Record Certification

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**: **-OR-** B. Two (2) of the following showing the applicant's name and address:

- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

- 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, 1988 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

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)