

# **INSTRUCTIONS TO OBTAIN A DEATH CERTIFICATE**

**PLEASE READ INSTRUCTIONS CAREFULLY!** If you do not understand these instructions, call (716) 439-6676. Failure to include necessary documentation will result in a delay or rejection of processing your application.

## **You can obtain a copy of a death certificate ONLY if you:**

- Are a spouse, parent of child of the deceased.
- Have a lawful right or claim. You must show proof of lawful right or claim.

## **General Instructions:**

- Complete and sign form. Your signature **MUST** be notarized.
- Mail the completed application, copy of your identification, & money order to:  
Lockport City Clerk  
Lockport Municipal Building  
One Locks Plaza  
Lockport, NY 14094

## **Cost and payment:**

- Fee is \$10.00 for each certified copy.
- Money order shall be made payable to “Lockport City Clerk”
- If you send a personal check, we will hold the record for three (3) weeks to allow time for the check to clear the bank.

## **Identification requirements – application must be submitted with copies of either A or B:**

A. One (1) of the following:

- Driver’s license or State issued non-driver photo ID card
- Passport

B. Two (2) of the following:

- Recent utility or telephone bill
- Letter from a government agency dated within the last six (6) months
- Other valid photo identification

Mail to: Lockport City Clerk, Lockport Municipal Bldg., One Locks Plaza, Lockport, NY 14094

**Information on Record Requested**

Name of Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ Age at Death: \_\_\_\_\_

Father of Deceased: \_\_\_\_\_  
First Middle Last

Mother of Deceased: \_\_\_\_\_  
First Middle Maiden Name

**Applicant Information**

Your Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Your Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Your Relationship to deceased:  Spouse  Child  Parent  
 Other \_\_\_\_\_ (must show proof of entitlement)

In what capacity are you acting? \_\_\_\_\_

If attorney, name and relationship  
Of your client to deceased: \_\_\_\_\_

Number of Copies Requested: \_\_\_\_\_ (enclose money order for \$10.00 per copy)

Purpose for Request: \_\_\_\_\_

Address where record should be sent: Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Signature (must be notarized) \_\_\_\_\_ Date: \_\_\_\_\_