

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: City of Lockport Clerk ; One Locks Plaza.; 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 "City of Lockport Clerk".
- Personal checks **drawn on banks within our locale only or wait three (3) weeks to allow time for the check to clear the bank.**

City of Lockport
Vital Records

Application for Copy of Death Certificate

DECEDENT INFORMATION

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

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** ____/____/____

STATE OF _____
COUNTY OF _____

(notary signature)

Subscribed and sworn to (or affirmed) before me
this ____ day of _____, _____
by _____ whose identity I
proved on the basis of _____.
(stamp/seal here)

MAILING INFORMATION

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

A fee of \$10.00 applies for each copy. Enclose a money order

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

Name / Address where record should be sent _____

