

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE	
Correct fee is due per copy or No Record Certification. Current fee available at www.tompkins-co.org/health , or call (607) 274-6642. Please do not send cash or stamps.	<u>Return Completed Form and Fee To:</u> Tompkins County Health Department Attn: Vital Records 55 Brown Rd. Ithaca, NY 14850

PLEASE PRINT OR TYPE			
Name of Deceased		Date of Death or Period to be Covered by Search	
First	Middle	Last	
Name of Father of Deceased		Social Security Number of Deceased	
First	Middle	Last	
Maiden Name of Mother of Deceased		Date of Birth of Deceased	Age at Death
First	Middle	Month	Day
Place of Death		Year	
Name of Hospital or Street Address		Village, Town or City	County
Purpose for Which Record is Required			
What was your relationship to the deceased? _____ In what capacity are you acting? _____ If attorney, name and relationship of your client to the deceased: _____			
Signature of Applicant _____		Date _____	
Address of Applicant _____			

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT			
Name _____			
Address _____			
City _____	State _____	Zip Code _____	

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