

Application for Copy of Death Certificate

Information Page – Application for Copy of Death Certificate

General Instructions:

- Use this application if you are the spouse, parent, sibling or child of the deceased. (Documentation to demonstrate relationship may be requested)
- If you are **NOT** the spouse, parent, sibling 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 the City of Hudson.
- If delivery is to a P.O. Box or to a third party you must submit, with this application, a **notarized** statement signed by the applicant **and** a copy of the applicant's driver's license.
- Print a copy of this application, complete and sign.
- **Mail** application with a money order, \$10.00 per copy, payable to the City of Hudson and a copy of required identification (see below).

Hudson City Clerk
City Hall
520 Warren Street
Hudson, NY 12534

What is a lawful right or claim?

- If the applicant is not the spouse, parent, sibling 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:

- 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 applicant's name and address:
 - Utility or telephone bills
 - Letter from a government agency dated within the last six months.

Application for Copy of Death Certificate

Required ID must be included with application. Fee: \$10.00 per copy payable with money order to City of Hudson
Send to:

Hudson City Clerk
City Hall
520 Warren Street
Hudson, NY 12534

Name of Deceased: _____ Social Security No. of Deceased: _____

Date of Death: _____ Date of Birth of Deceased: _____ Age at Death: _____

Maiden Name of Mother of Deceased: _____

First Middle Maiden Name

Name of Father of Deceased: _____

First Middle Last Name

Place of Death: _____

Name of Hospital or Street Address Village, town or city County

Purpose for requiring death certificate: _____ Relationship to person on record. _____

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, sibling or child of the deceased.

Signature of Applicant: _____ Print Name: _____ Date: _____

Address of Applicant (Street/Mailing): If mailing address is a PO Box or third party, you must submit with this application a **notarized** statement signed by the applicant and a copy of the applicant's driver's license:

Telephone Number: _____

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Complete for Death Occurring as of January 1, 1988 (New York State Laws)

_____ Number of copies requested with confidential Cause of Death

_____ Number of copies requested without confidential Cause of Death

CONFIDENTIAL INFORMATION REQUESTED FOR THE FOLLOWING REASONS:

_____ 1. When documented legal or medical need has been provided.

_____ 2. Upon specific request of spouse, children, sibling or parents of the deceased or lawful representative of such persons.

_____ 3. Upon specific request by Municipal, State or Federal Agencies for Official purposes.

_____ 4. Pursuant to the Order of a Court of Competent Jurisdiction.