

Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE	
<p>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.</p>	<p><u>Return Completed Form and Fee To:</u> Tompkins County Health Department Attn: Vital Records 55 Brown Rd. Ithaca, NY 14850</p>

PLEASE PRINT OR TYPE		
Name of Deceased First Middle Last	Date of Death or Period to be Covered by Search	
Name of Father of Deceased First Middle Last	Social Security Number of Deceased	
Maiden Name of Mother of Deceased First Middle Last	Date of Birth of Deceased Month Day Year	Age at Death
Place of Death 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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 Ithaca, NY 14850