

Fee: \$10 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or 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** **-OR-** B. Two (2) of the following showing the applicants name and address:
- Driver license
 - Non-driver photo-ID card
 - Passport
 - U.S. military issued photo-ID
- Utility or telephone bills
 - Letter from a government agency dated within the last six (6) months

Name of Deceased: <i>First</i> <i>Middle</i> <i>Last</i>	Social Security No. of Deceased:
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Date of Death or Period to be Covered by Search: <i>(mm/dd/yyyy)</i> From To	Date of Birth of Deceased: <i>mm/dd/yyyy</i>	Age at Death:
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Maiden Name of Mother of Deceased: <i>First</i> <i>Middle</i> <i>Maiden Last</i>	Death Certificate No.: <i>(if known)</i>
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Name of Father of Deceased: <i>First</i> <i>Middle</i> <i>Last</i>	Local Registration No.: <i>(if known)</i>
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Place of Death:

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

Number of Copies Requested: (For deaths occurring as of January 1, 1998 specify with or without confidential cause of death.)

Copies requested **with** confidential cause of death _____ Copies requested **without** confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required:	What is your relationship to person whose record is required?
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In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:
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If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant: ➤ Address of Applicant: _____ (Applicant's Name) _____ (Street) _____ (City) _____ (State) _____ (Zip)	Date Signed: Month Day Year <table style="width: 100%; border: none;"><tr><td style="border: 1px solid black; width: 33px; height: 20px;"></td><td style="border: 1px solid black; width: 33px; height: 20px;"></td><td style="border: 1px solid black; width: 33px; height: 20px;"></td></tr></table>			
Telephone No.: () _____.				

CITY OF OLEAN
VITAL RECORDS
PO BOX 668
101 E STATE ST
OLEAN, NY 14760

PHONE: 716-376-5605
MONDAY - FRIDAY
12-5PM

\$10 EACH, CHECK OR MONEY ORDER PAYABLE TO:
CITY OF OLEAN

INCLUDE: COMPLETED APPLICATION, LEGIBLE COPY
COPY OF PHOTO ID, PAYMENT, SELF-ADDRESSED, STAMPED
ENVELOPE FOR RETURN

*** THIS OFFICE ONLY HOLDS RECORDS THAT TOOK PLACE IN
THE CITY OF OLEAN ***

ISSUING DEATH CERTIFICATES

The applicant must provide the decedent's name and date of death. Additional information about the decedent may be required by the local registrar. The letter or application form (DOH-294A) must be signed. Local registrars may require that the signature be notarized. If the request is made by someone other than the spouse, parent, child or sibling of the deceased, the application or letter must be accompanied by supporting documents establishing a legal right or claim to obtain a certified copy or transcript, or a judicial or other proper purpose to obtain a certification. Photo Identification is required for all requests.

A **certified copy** or a **certified transcript** of a death certificate may be issued:

1. To the spouse, parent, child or sibling of the deceased;
2. To the lawful representative of the spouse, parent, child or sibling of the deceased;
3. To a person with a New York State Court Order issued on a showing of necessity;
4. To a person requiring the record for a documented legal right or claim;
5. To a person requiring the record for a documented medical need; or
6. To a municipal, state, or federal agency when needed for official purposes.

LEGAL RIGHT OR CLAIM - A legal right or claim is established on the basis of documentation demonstrating that the requester has a legal need requiring a copy of the death certificate. Some examples follow:

1. Letter from the bank to the surviving joint account owner requesting proof of the death of deceased account owner.
2. Letters Testamentary from a person claiming to be the executor or executrix of the estate.
3. Insurance policy showing that the requester is a beneficiary.

FUNERAL DIRECTOR COPIES - When the death certificate is filed, it is customary for the funeral director to request death certificate copies on behalf of the family. The funeral director should submit the request in writing (DOH-294A) or on the Electronic Death Registration System (EDRS), specifying the number of copies the family needs with the confidential medical information and the number of copies they need without the confidential medical information. Sometimes it is necessary for the funeral director to request additional copies at a later time as the family discovers the need for more copies. This period should extend no longer than six months from the date of death. After this period, the request must be made by the person in need of the copy, including supporting documentation.

ATTORNEY COPIES - Requests for death certificate copies by lawyers must be submitted in writing on the attorney's letterhead or on an official application form. The request must include the decedent's name and date of death, who the attorney represents, how the person named on the death certificate relates to the legal matter and the reason the copy is required. The latter is required so that a determination of judicial or other proper purpose can be made.

Note: the attorney must represent someone who is authorized to obtain a death certificate copy.

If the request involves an estate, the attorney must state that he or she is the attorney for the estate, represents a potential heir or someone contesting the will, etc. If the exact date of death is unknown, a date range may be submitted.