



Village of Amityville
 21 Ireland Place, Amityville, NY 11701, (631) 264-6000

Application to Local Registrar for Copy of Death Record

PLEASE PRINT OR TYPE

Name of deceased: _____

	<i>First</i>	<i>Middle</i>	<i>Last</i>	
Name of Father				Maiden Name of
of deceased: _____				Mother of deceased: _____
<i>First</i>	<i>Middle</i>	<i>Last</i>		<i>First</i>
				<i>Middle</i>
				<i>Last</i>

Date of death or period to be covered by search: _____

Date of birth of deceased: _____ Age at time of death: _____

Social Security No. of deceased: _____ Place of Death: _____

APPLICANT INFORMATION

Print Name: _____ Signature: _____

Address: _____

Phone No: _____ Email Address: _____

Purpose for which record is required: _____

Relationship of applicant to deceased: _____

If attorney, name and relationship of your client to deceased: _____

_____ Number of copies requested with confidential cause of death

_____ Number of copies requested without confidential cause of death

MAIL INS - did you:

- Complete and sign the application**
- Include required copy of valid photo ID**
- Do not send personal checks. Include \$10 fee per copy in a money order payable to the Village of Amityville**
- Include a stamped self-addressed envelope**

FOR MORE INFORMATION VISIT WWW.AMITYVILLE.COM "FREQUENTLY ASKED QUESTIONS" OR CALL (631) 264-6000 BETWEEN THE HOURS OF 8:00 AM AND 4:00 PM.