

OFFICE OF THE CITY CLERK

City Hall, 1 Kennedy Plaza
Utica, New York 13502
Tel.: (315) 792-0113
Fax: (315) 792-0220



Melissa Sciortino

City Clerk

Andrew Castilla

Deputy City Clerk

Tatiyana Brooks

Registrar

**APPLICATION FOR COPY
OF DEATH RECORD**

There is a **\$10** fee to obtain 1 copy of a death record, additional copies are **\$10** each. Attorneys pay on attorney check.

We accept cash, credit card and money orders **ONLY. No Checks**

Return this completed application **AND** a copy of acceptable identification **AND** the \$10 fee (**Payable to Vital Records**) to:

Vital Records

1 Kennedy Plaza (City Hall)

Utica, NY 13502

Include a self-addressed stamped envelope for expedited response.

TYPES OF ACCEPTABLE ID INCLUDE: Driver's license, non-driver's license, passport, naturalization papers, military ID, employer's photo ID, two utility bills (showing applicant's name & address), police report of lost or stolen ID

PLEASE NOTE: Only a parent, child, spouse, or sibling of the deceased, or a person with legal need, may obtain a copy of death record. ***Proof of relation (ex. Birth Certificate) is REQUIRED***

If, upon search, the desired record cannot be found, a **NO RECORD CERTIFICATION** will be issued and the \$10 fee will be retained by our office.

Name of Deceased:

FIRST MIDDLE LAST

Date of Death or Period to be Covered by Search _____
MM/DD/YYYY

Legal Need: _____

Age at Death _____ Date of Birth _____

Place of Death _____
NAME OF HOSPITAL OR STREET ADDRESS

VILLAGE, TOWN, OR CITY COUNTY

Name of Father of Deceased:

FIRST MIDDLE LAST

Name of Mother of Deceased:

FIRST MIDDLE LAST (MAIDEN)

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 deceased:

Applicant's Signature _____

Applicant's Address _____

Applicant's Phone Number _____

Date of Application _____

Number of copies requested **WITH** confidential cause of death

Number of copies requested **WITHOUT** confidential cause of death

WHERE RECORD SHOULD BE SENT

Name _____
FIRST MIDDLE LAST

Address _____
STREET & NUMBER

VILLAGE, TOWN, OR CITY STATE ZIPCODE

FOR INTERNAL USE ONLY
(Photocopy ID and attach to application form)

TYPE OF ID

Driver's License; State _____ No. _____

Other ID; Specify _____

No. _____

****Please contact Tatiyana Brooks at tbrooks@cityofutica.com or (315) 792-0184 with any questions**