

# OFFICE OF THE CITY CLERK

Vital Records Office at 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

## 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.

Return this completed application **AND** a copy of acceptable identification **AND** the \$10 fee in person to the address listed above **OR** submit via email to [registrar@cityofutica.com](mailto:registrar@cityofutica.com). We accept cash, credit card and money orders **ONLY**. **NO CHECKS**

Applications may also be submitted via mail, please allow 7 business days to process. Money orders must be submitted at the time of application. We will contact you for credit card information once the application is processed. If submitting via mail, please include a self-addressed stamped envelope for expedited response.

Incomplete applications or applications submitted without acceptable identification **WILL NOT** be processed.

**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, 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

**\*Please contact the City Registrar at [registrar@cityofutica.com](mailto:registrar@cityofutica.com) or call (315) 792-0184 with any questions\***