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. 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, **USPS only. We do not accept FedEx or UPS pre-paid envelopes.**

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 ADDRES

_____
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 or call (315) 792-0184 with any questions