

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

Maureen Moylan

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.
We accept money orders **ONLY**.

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.

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 |
|--------------|---------------|-------------|

Social Security Number of Deceased _____**Date of Birth of Deceased** _____
MM/DD/YYYY**Date of Death or Period to be Covered by Search** _____
MM/DD/YYYY**Age at Death** _____**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** _____
STREET & NUMBER

VILLAGE, TOWN, OR CITY STATE ZIPCODE

Applicant's Phone No. _____**Date of Application** _____
MM/DD/YYYY**No. of Copies Requested (with Confidential Cause of Death)** _____**No. of Copies Requested (no Confidential Cause of Death)** _____**WHERE RECORD SHOULD BE SENT****Name** _____
FIRST MIDDLE LAST**Address** _____
STREET & NUMBER

VILLAGE, TOWN, OR CITY STATE ZIPCODE

* If you have any questions, please contact the City Registrar
Maureen Moylan at mmoylan@cityofutica.com or (315) 792 - 0184

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

TYPE OF ID

- Driver's License; State _____ No. _____
- Other ID; Specify _____
No. _____