Application for Copy of Death Certificate

Required ID must be included with application. (Current U.S. Driver's License, Non-Driver's License or Passport must be attached to application.)							
For regular handling: Enclose \$10 per copy or No Record Certification.		Name of Applicant:					
Send to: Village of Elmsford		Address of Applicant:					
Village Clerk Make Check or U.S. money order payable to Village Clerk's Elmsford, New York 10523 Office, Cash payments are also accepted in person.		Phone# of Applicant:					
		E-mail Address of Applicant:					
Name of Deceased:		Date of Death: (mm/dd/yyyy)					
First Middle		Las	:t				
Place of Death:			Date of Birth of Dec	eceased: Age at Death:			
			mm / dd / yyyy				
Name of Father of Deceased:				De	eath Certifi	cate No.:	(If known)
First Middle		Last					
Name of Mother of Deceased:						opies Requ	ested: of death will
				1,	•		rise requested)
First Middle		Maiden Last			x each =		
Purpose for which Record is Required:							
		Durata	fueleste velsta se de			1	
What is your relationship to person whose record is required?			f relationship to de and children mus				h certificate
Spouse Parent Sibling Child			rents names.	· proma	o a long		
Explain the relationship of your client to deceased.	name,	, address, pho	one number and email	address o	of your firn	n on compa	any letterhead.
In what capacity are you acting?							
Only surviving spouse, children, parents and siblings of the deceased are entitled to copies of death certificates. The applicant's signature must be notarized.							
Signature of Applicant: Date Signed: Month Day Year		If address to send record is different than above please see the following:					
		* Please enclose a self addressed stamped envelope.					
		i lease enc	iose a sell addressed :	stampeu t	envelope.		
Sworn and subscribed before me		* Print or type the name and address where record should be sent:					
This Day of							
		(Name)					
Notary Public							
		(Street)					
(Notary Stamp)							
		(City)			(8	State)	(Zip)