

Premium Mail Service Application to Request an NYC Death Certificate

Use this form only to request an NYC death certificate with premium mail service. Visit nyc.gov/vitalrecords for current processing times, order status, and additional information.

(Please print clearly and fill out in English only. Translations of this form are available online for reference only.)

Who Can Apply for an NYC Death Certificate?

- To apply for a death certificate, you must have an entitled relationship with the deceased person (decedent). The entitled relationships are spouse, domestic partner, parent, child, sibling, grandparent, grandchild, informant listed on the death certificate, person in charge of disposition, niece or nephew, aunt or uncle, great-grandchild or great-great-grandchild, and grandniece or grandnephew.
 - If you are not related to the decedent, you must show that you have legal right to get the death certificate.
 - If you want a cause of death report along with the death certificate, see Table 1 on Page 2 to check whether you are entitled to receive it.
- You must be least 18 years old.
- The decedent must have died within the five boroughs of NYC (the Bronx, Brooklyn, Manhattan, Queens, or Staten Island).
- If you are an attorney submitting a request on behalf of a client, visit nyc.gov/attorney-request-death-certificate for further instructions.

How Do I Request an NYC Death Certificate?

- **Step 1:** Go to Page 3 and complete all the information requested in Sections One, Two, and Three. Leaving information blank will lead to delays in completing your request.
 - If you are requesting a death certificate and need an apostille (certificate of authentication), select that you want a Letter of Exemplification.
- **Step 2:** Notarize Page 5. Make sure to sign and date the form.
- **Step 3:** You must submit a legible copy of your current (not expired) and signed photo identification (ID). Photocopies of your ID must be clear. See Page 2 for types of acceptable ID and what you can submit if you do not have a current photo ID.

Fees and Mailing Instructions

- The NYC Department of Health and Mental Hygiene charges \$15 for each death certificate requested.
- Premium mail service has a processing fee of \$7.50.
- Make your check or money order payable to: **NYC Department of Health and Mental Hygiene**. Cash or starter checks are not accepted. If you are applying for a death certificate from outside the U.S., an international money order issued by a U.S. bank in U.S. dollars is required.
- Mail your completed and notarized application, copy of your current photo ID, and payment (check or money order) to the address on Page 5.
- Death certificates cannot be mailed to addresses that are labeled “in care of.”
- **Order online:** For faster application processing, visit vitalchek.com. UPS express mail delivery is available.

Table 1. Am I Entitled to a Cause of Death Report?

#	Relationship to Decedent	You may request a death certificate <u>and</u> cause of death report.	You may request a death certificate <u>only</u> .
1	Spouse, domestic partner, parent, child, sibling, grandparent, grandchild, informant listed on the death certificate, or person in charge of disposition • You can order by mail <u>or</u> online.	✓	
2	Niece or nephew, aunt or uncle, great-grandchild or great-great-grandchild, or grandniece or grandnephew • You can order by mail <u>or</u> online.		✓
3	Not related to the decedent. If you do not have an eligible relationship with the decedent, you must demonstrate your eligibility by providing at least one of the following documents: - Original letters testamentary - An insurance policy where you are listed as the beneficiary - A current bank book or statement listing both your name and the decedent's name - A property deed listing both your name and the decedent's name Additional documentary evidence may also be submitted for NYC review. • You can order by mail <u>only</u> .		✓

Table 2. ID Requirements

Category 1: Identity Documents

Provide **one** of the following identity documents. The document must include your photo and signature and must not be expired.

Driver's license or non-driver's ID card	University or college ID with a current transcript
New York State benefit card with photo	Inmate ID with current release papers
U.S. or foreign passport with a signature	Job ID with a current pay stub
IDNYC municipal ID	NYC Access-A-Ride card
U.S. certificate of naturalization (must be the original)	Military ID card (must be for the person whose death certificate is being requested)

Table 3. Proof of Address Requirements

Category 2: Proof of Address Documents

If you do not have any of the Category 1 documents, then provide any **two** of the following proof of address documents. The documents must be dated within the last 60 days and show your name and address.

For example, you can submit one phone bill from the last 60 days and one letter from a government agency from the last 60 days. Alternatively, you could submit two phone bills, as long as they are both from the last 60 days. The death certificate will be mailed to the address on the documents provided.

Utility bill	Official government mail addressed to you
Telephone bill	Rent invoice (mortgage or lease letter)
Medical bill	

If you cannot provide any of the documents in Tables 2 or 3, call **311** or email nycdohvr@health.nyc.gov.
If calling from outside NYC, call 212-NEW-YORK (212-639-9675).

Section One: What Is Your Name?

You must be at least 18 years old. Please print clearly and use black ink only. Use the name that currently appears on your ID. All the fields below are required. Death certificates cannot be mailed to addresses that are labeled "in care of."

FIRST NAME	MIDDLE NAME	LAST NAME
MAILING ADDRESS		APARTMENT NUMBER
CITY	STATE	ZIP CODE
PRIMARY PHONE NUMBER		ALTERNATE PHONE NUMBER (IF APPLICABLE)
EMAIL ADDRESS		

State your relationship to the decedent.* I am the decedent's:

<input type="checkbox"/> Spouse	<input type="checkbox"/> Domestic partner	<input type="checkbox"/> Parent	<input type="checkbox"/> Child	<input type="checkbox"/> Sibling
<input type="checkbox"/> Grandparent	<input type="checkbox"/> Grandchild	<input type="checkbox"/> Informant listed on the death certificate	<input type="checkbox"/> Person in charge of disposition	<input type="checkbox"/> Niece or nephew
<input type="checkbox"/> Aunt or uncle	<input type="checkbox"/> Great-grandchild	<input type="checkbox"/> Great-great-grandchild	<input type="checkbox"/> Grandniece or grandnephew	

Do you need a Letter of Exemplification? (There is no extra cost.) Yes No

Do you need a cause of death report?* Yes No

* To request a cause of death report, you must have an eligible relationship with the decedent, as described in Table 1.

Section Two: Death Certificate Information

In this section, write the names as they currently appear on the death certificate that you are requesting.

Name at the time of death:

FIRST NAME	MIDDLE NAME	LAST NAME
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Alias or AKA (also known as) listed on death certificate (if applicable):

FIRST NAME	MIDDLE NAME	LAST NAME
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State file number: 1 5 6

Date of death listed on the death certificate (month/day/year):

If you do not know the exact date of death, fill out the range to search (month/day/year):

Start date: End date:

Decedent's date of birth listed on the death certificate (month/day/year):

Sex on the death certificate: Male Female X[†]

[†] X is a gender that is not exclusively male or female (a nonbinary gender identity).

Borough where the decedent died[‡]:

Bronx Brooklyn Manhattan Queens Staten Island

[‡] If the person died outside NYC, including elsewhere in New York State, the Centers for Disease Control and Prevention has information on how to order a death certificate: [cdc.gov/nchs/w2w/index.htm](https://www.cdc.gov/nchs/w2w/index.htm). The NYC Health Department can only issue death certificates of people who died within the five boroughs of NYC.

Decedent's mother/parent's name prior to first marriage (maiden name):

FIRST NAME	MAIDEN LAST NAME
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Decedent's father/parent's name prior to first marriage:

FIRST NAME	LAST NAME
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Name of decedent's spouse or domestic partner:

FIRST NAME	LAST NAME
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Name of informant on death certificate (if known):

FIRST NAME	LAST NAME
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Name of funeral director and name and address of funeral home (if known):

NAME OF FUNERAL DIRECTOR	NAME AND STREET ADDRESS, CITY, STATE, ZIP CODE OF FUNERAL HOME
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Name and address of cemetery or crematory (if known):

NAME OF CEMETERY OR CREMATORY	STREET ADDRESS, CITY, STATE, ZIP CODE
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Decedent's last known address:

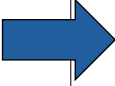
STREET ADDRESS, CITY, STATE, ZIP CODE

Decedent's Social Security number:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Section Three: Reason for Request

In the following table, check off why you are requesting a death certificate. The reason you select will determine whether you receive a death certificate with a Letter of Exemplification or a death certificate only.

Why you are requesting a death certificate:	What you will receive:
<input type="checkbox"/> Marriage (international) <input type="checkbox"/> Adoption (international only) <input type="checkbox"/> Apostille or authentication <input type="checkbox"/> Other <input type="checkbox"/> Dual citizenship	 Death certificate with a Letter of Exemplification
<input type="checkbox"/> Legal right or claim <input type="checkbox"/> Social Security <input type="checkbox"/> Official government purposes <input type="checkbox"/> Court order <input type="checkbox"/> Retirement <input type="checkbox"/> Medical need <input type="checkbox"/> Research request <input type="checkbox"/> Passport <input type="checkbox"/> Other	

Section Four: Notarize Your Application

This application must be notarized. You only need to notarize this page. You must submit a copy of your current, unexpired ID with this application. See Table 2 on Page 2 for accepted types of ID.

SIGNATURE OF APPLICANT		DATE (MONTH/DAY/YEAR)									
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									
To be completed by notary.		Notary Public Seal									
State of _____											
County of _____											
Subscribed and sworn before me:											
this _____ day of _____, 20_____											
_____ Notary Public Signature											

Submitting a false identification is a crime and violators are subject to prosecution. It is a violation of law to make a false, untrue, or misleading statement or to forge the signature of another person on this application. Violations are a misdemeanor punishable by a fine of up to \$2,000.

Fees and How to Submit Your Application

Each death certificate costs \$15.

We only accept checks or money orders. Cash or starter checks are not accepted.

Make sure you do the following:

- Complete Sections One, Two, Three, and Four of the application.
- Get Section Four notarized.
- Submit a photocopy of your current signed photo ID, or proof of address (see Tables 2 and 3).
- Submit payment by check or money order.

Figure Out the Cost of Your Request

Number of death certificates requested:	_____
Multiplied by \$15 for each death certificate equals:	\$_____
Plus premium mail service processing fee:	\$7.50
Total amount enclosed (sum of the two amounts above):	\$_____

Mail to: NYC Department of Health and Mental Hygiene

Attention: Premium Death Certificate Request

125 Worth St., Room 119, CN-4

New York, NY 10013

For assistance with this application, call **311** or email nycdohvr@health.nyc.gov. If calling from outside NYC, call 212-NEW-YORK (212-639-9675).