

**City of Rye  
Vital Records**

**Application to City Clerk  
For Copy of Death Record**

| PLEASE COMPLETE FORM AND REMIT FEE                                      |       |        |                       |   |
|---|-------|--------|-----------------------|---|
| <b>FEE: \$10.00 per copy. Please do not send cash or stamps</b>         |       |        |                       |   |
| Name<br>of<br>Deceased  | First | Middle | Last                  | Date of Death or Period to be Covered by Search   |
| Name of Father<br>of Deceased   | First | Middle | Last                  | Social Security Number of Deceased  |
| Maiden Name<br>Of Mother<br>Of Deceased                                 | First | Middle | Last                  | Date of Birth of Deceased<br><br>Month _____ Day _____ Year _____<br><br>Age at Death _____ |
| Place of Death  |       |        |                       |   |
| Name of Hospital or Street Address                                      |       |        | Village, Town or City | County  |
| <b>Purpose for Which Record is Required</b>                             |       |        |                       |   |
| What was your relationship to the deceased? _____                       |       |        |                       |   |
| In what capacity are you acting? _____                                  |       |        |                       |   |
| If attorney, name and relationship of your client to the decease: _____ |       |        |                       |   |
| Signature of Applicant: _____ Date _____                                |       |        |                       |   |
| Address of Applicant: _____   |       |        |                       |   |
| Phone _____ E-Mail _____  |       |        |                       |   |
| <b>COMPLETE FOR DEATHS OCCURRING AS OF January 1, 1988</b>              |       |        |                       |   |
| _____ Number of Copies requested with confidential cause of death       |       |        |                       |   |
| _____ Number of copies requested without confidential cause of death    |       |        |                       |   |
| <b>PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT</b>        |       |        |                       |   |
| Name _____  |       |        |                       |   |
| Address _____   |       |        |                       |   |
| City _____ State _____ Zip Code _____                                   |       |        |                       |   |

**Return to:**  
**City of Rye**  
**City Clerk**  
**1051 Boston Post Rd**  
**Rye, NY 10580**

**Please include:**  
**Photo ID**  
**Proof of: Lineage/POA/Marriage**  
**Check to: The City of Rye**  
**(\$10 per transcript)**