

**City of Rye
Vital Records**

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

| PLEASE COMPLETE FORM AND REMIT FEE | | | | |
|---|-------|--------|-----------------------|---|
| FEE: \$10.00 per copy. Please do not send cash or stamps | | | | |
| Name of Deceased | First | Middle | Last | Date of Death or Period to be Covered by Search |
| Name of Father of Deceased | First | Middle | Last | Social Security Number of Deceased |
| Maiden Name Of Mother Of Deceased | First | Middle | Last | Date of Birth of Deceased Month _____ Day _____ Year _____ Age at Death _____ |
| Place of Death | | | | |
| Name of Hospital or Street Address | | | Village, Town or City | County |
| 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 the decease: _____ | | | | |
| Signature of Applicant: _____ Date _____ | | | | |
| Address of Applicant: _____ | | | | |
| COMPLETE FOR DEATHS OCCURRING AS OF January 1, 1988 | | | | |
| _____ Number of Copies requested with confidential cause of death | | | | |
| _____ Number of copies requested without confidential cause of death | | | | |
| PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT | | | | |
| Name _____ | | | | |
| Address _____ | | | | |
| City _____ State _____ Zip Code _____ | | | | |

Return to:

**City of Rye
City Clerk
1051 Boston Post Rd.
Rye, NY 10580**

Fee: \$10.00 per copy

**Please include:
Photo ID
Check payable to
the City of Rye**