

Death Certificates

- If a person died in Cuba, the certificate will be on file in this office. The record is always on file in the City/Village/Town the death occurred.
- Copies are available to the spouse, parent or child of the deceased, to the lawful representative of the spouse, parent or child of the deceased, to a person requiring the record for a documented legal right of claim, to a person requiring the record for a documented medical need or to a municipal, state or federal agency when needed for official purposes.

When requesting a certificate, please include identification such as (choose one)

- Driver's license
- Non-driver's license
- Passport
- Naturalization Papers
- Military ID
- Employer's Photo ID
- TWO utility bills, showing applicant's name and address
- TWO letters from a government agency dated within the last six months
- Police report of lost or stolen ID

Copies will not be issued unless one of the above types of identification is presented.

Send application, identification, a self-addressed, stamped envelope, and a check or money order (\$10 per copy) payable to Cuba Town Clerk, and mail to Cuba Town Clerk, 15 Water St., Cuba, NY 14727.

If you are researching for Genealogy, there is a separate form for that and if this application is submitted, it will be returned to you with the proper form and request for proper payment.

**NEW YORK STATE DEPARTMENT OF HEALTH
VITAL RECORDS SECTION**

**Application to Local Registrar
for Copy of Death Record**

Fee: Monroe County - \$30.00 / Other Districts - \$10.00 per certified copy or No Record Certification

Identification Requirements: Application *must* be submitted with copies of either A or B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

- A. One (1) of the following forms of valid photo-ID: **-OR-** B. Two (2) of the following showing the applicant's name and address:
- | | |
|----------------------------|--|
| • Driver license | • Utility or telephone bills |
| • Non-driver photo-ID card | • Letter from a government agency dated within the last six (6) months |
| • Passport | |
| • Employment ID | |

Name of Deceased:			Social Security No. of Deceased:		
First	Middle	Last			

Date of Death or Period to be Covered by Search: (mm/dd/yyyy)	Date of Birth of Deceased:	Age at Death:
From To	mm / dd / yyyy	

Maiden Name of Mother of Deceased:	Death Certificate No.: (If known)
First Middle Maiden Last	

Name of Father of Deceased:	Local Registration No.: (If known)
First Middle Last	

Place of Death:		
Name of Hospital or Street Address	Village, town or city	County

Number of Copies Requested: (For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)		
Copies requested with confidential cause of death _____	Copies requested without confidential cause of death _____	Total number of copies requested _____

Purpose for which Record is Required:	What is your relationship to person whose record is required?

In what capacity are you acting?	If attorney, give name and relationship of your client to person whose record is required:

If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.

Signature of Applicant: Address of Applicant: _____ (Applicant's Name) _____ (Street) _____ (City) (State) (Zip) Telephone No.: () _____	Date Signed: Month Day Year _____	FOR REGISTRAR'S USE ONLY (Photocopy ID and attach to application form) Type of ID: <input type="checkbox"/> Driver License Issuing state: _____ Expiration date: _____ Number: _____ <input type="checkbox"/> Other ID, Specify Number: _____ Type: _____ Number: _____ Type: _____