

**City of Amsterdam**  
**Death Certificate Requests**

Death records are **not public records** and New York State Public Health law protects their confidential nature. Death records can **ONLY** be released to the deceased's spouse, parent, child, siblings, or lawful representative with proper documentation. The deceased's child or sibling **MUST** provide their birth certificate along with proper identification. All other persons must have proof showing documented legal right or claim of why the death certificate is required.

The fee is \$10.00 for *each* certified death certificate.

**IN PERSON:**

You must complete the **APPLICATION** and provide **PROPER IDENTIFICATION/DOCUMENTATION**. We accept checks, money orders, credit cards (\$3.00 credit card service fee) and/or cash.

**BY MAIL:**

You must submit the completed **APPLICATION, PROPER IDENTIFICATION/DOCUMENTATION**, a **COPY** of the **PROPER IDENTIFICATION listed below\*\*** and a check or money order payable to **City of Amsterdam** for the cost of the certificate(s). Please enclose a self-addressed, stamped envelope.

Mail to: **City of Amsterdam City Clerk**  
**61 Church Street**  
**Amsterdam, New York 12010**

You must have **PROPER IDENTIFICATION:**

**Identification Requirements:**

- A. **One (1)** of the following forms of valid photo-ID:
- Driver license\*\* (if the address on the driver license does not match your current mailing address then you must also provide two (2) items from B)
  - State issued non-driver photo-ID card\*\*
  - Passport
  - U.S. Military issued photo-ID\*\*
- B. **Two (2)** of the following showing the **applicant's name and address:**
- Utility or telephone bills
  - Letter from a government agency dated **within the last six (6) months**

*\*\*Please be sure that the address listed on your form of identification **matches** the address on the application form. If they do not match, you **MUST** submit **TWO (2)** items from B, which must provide your name and address matching the address provided on application. If not provided, this will result in a delay in processing your request. \*\**

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
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 deceased _____					
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 \_\_\_\_\_