

Application for Copy of Death Record

Required ID must be included with application. Make check or money order payable to XXXXXXXXXXXX			
FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps. Payable to the Village of Medina			
Name of Deceased:			Social Security No. of Deceased
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Date of Death or Period to be Covered by Search: <i>(mm/dd/yyyy)</i>		Date of Birth of Deceased:	Age at Death:
		<i>mm / dd / yyy</i>	
Maiden Name of Mother of Deceased:			Death Certificate No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Maiden Last</i>	
Name of Father of Deceased			Local Registration No.: <i>(If known)</i>
<i>First</i>	<i>Middle</i>	<i>Last</i>	
Place of Death:			
<i>Name of Hospital or Street Address</i>		<i>Village, town or city</i>	<i>County</i>
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:	
Submit documentation of a lawful right or claim if you are not the spouse, parent or child of the deceased.			
Signature of Applicant:		Date Signed:	
▶			
Address of Applicant		Please print or type the name and address where record should be sent: (If delivery is to a P.O. Box or third party, you must submit with this application a notarized statement signed by the applicant and a copy of the applicant's drivers license.)	
_____		_____	
<i>(Applicant's Name)</i>		<i>(Applicant's Name)</i>	
_____		_____	
<i>(Street)</i>		<i>(Street)</i>	
_____		_____	
<i>(City) (State) (Zip)</i>		<i>(Street)</i>	
Telephone No.: () _____		_____	
		<i>(City) (State) (Zip)</i>	

Village of Medina
119 Park Avenue
Medina, NY 14103`