

City of Amsterdam, New York

## Death Certificates

**\*\*The death certificates on file in the City of Amsterdam would only be if the death occurred within in the City of Amsterdam\*\***

### Who is eligible to obtain a death certificate copy?

- The spouse, parent, sibling or child of the deceased – A sibling or child would need a copy of his or her birth certificate with parents name listed.
- Other persons who have a:
  - documented lawful right or claim
  - documented medical need
  - New York State Court Order

### What is a lawful right or claim?

If the applicant is not the spouse, parent, sibling or child of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of an official letter from the agency verifying that to process the claim they require from the applicant a copy of the requested death record.

### IN PERSON

#### **You must have PROPER IDENTIFICATION:**

Identification Requirements - application *must* be submitted with copies of either A *or* B:

- One (1) of the following forms of valid photo-ID:
  - Driver license
  - State issued non-driver photo-ID card
  - Passport
  - U.S. Military issued photo-ID
- 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

**Fee is \$10.00. We accept checks, money orders, and/or cash.**

### BY MAIL

**Fill out the application below and mail along with a copy of your Identification, any other documentation that may be required, and a \$10.00 check or money order made payable to City of Amsterdam to the following address:**

**City of Amsterdam  
61 Church St.  
Amsterdam, NY 12010**

**Please enclose a self addressed, stamped envelope.**

### BY PHONE OR INTERNET

The [New York State Department of Health](#) does not accept credit cards or on-line orders for vital records. However, for your convenience, you can process on-line requests through VitalChek Network, Inc., an independent company that we have partnered with in order to provide this service. VitalChek can be reached either through its website, [www.vitalchek.com](http://www.vitalchek.com), or by phone at 1-877-854-4481. An additional fee is charged by VitalChek for using this service. VitalChek accepts all major credit cards, including American Express®, Discover®, Visa® and MasterCard®.

### Fees:

**VitalChek Processing Charge** - \$7.25 per transaction and includes all certificate copies requested.

**UPS Return Delivery Charge (optional)** - \$14.00 per transaction to destinations within the continental United States; call VitalChek at 1-877-854-4481 for rates to other destinations.

**Certified Copy Fee (Priority Handling)** - Internet and telephone requests receive priority handling. The \$45.00 fee for each certified copy of a birth, marriage, death or divorce certificate requested includes a \$15.00 (per copy) priority handling fee.

**Note:**

The total cost of the New York State copy fee, priority handling fee, VitalChek processing charge and UPS charge (if applicable), will be posted to your credit card account.

You must use your own major credit card.

**How long will it take?**

Internet or telephone requests receive priority handling and are processed within five (5) to ten (10) business days of receipt.

# 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 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 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 \_\_\_\_\_