

**TOWN OF NEW ALBION/VILLAGE OF CATTARAUGUS
REGISTRAR OF VITAL STATISTICS
14 MAIN STREET
CATTARAUGUS, NY 14719**

APPLICATION FOR COPY OF A DEATH RECORD
PLEASE COMPLETE FORM AND ENCLOSE FEE
PLEASE PRINT OR TYPE

FEE: \$10.00 PER COPY

Make checks payable to: **TOWN OF NEW ALBION OR VILLAGE OF CATTARAUGUS** Do not send cash.

No fee is charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veteran's benefits.

Name: (First) (Middle) (Last)	DATE OF DEATH or period to be covered by search
PLACE OF DEATH:	(Village/Town) (County)
NAME OF FATHER OF DECEASED: (First) (Middle) (Last)	MAIDEN NAME OF MOTHER OF DECEASED (First) (Middle) (Last)
DATE OF BIRTH OF DECEASED:	AGE AT DEATH
NUMBER OF COPIES DESIRED:	_____

What is your relationship to the deceased? _____

In what capacity are you acting? _____

If attorney, give name and relationship of your client to the deceased _____

This office requires written authorization of the person or parents whose record is requested before a search is preceded.

Signature of Applicant: _____

Address of Applicant: _____

Date: _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me this ____ day of _____

Notary Public

Please print name and address where record should be sent:

Name: _____

Address: _____

City: _____ State _____ Zip _____