



**CITY OF JOHNSTOWN**  
 Office of the City Registrar  
 PO Box 160, 33-41 East Main Street  
 Johnstown, New York 12095  
 (518) 736-4011

- OFFICE USE ONLY -	
Document Located: Yes <input type="checkbox"/> No <input type="checkbox"/> Register #: _____	
# of copies issued _____ x \$10 = \$ _____	
Receipt # _____ Date: ____/____/____	
Signature _____	

## APPLICATION FOR COPY OF DEATH RECORD

**1. Fee: \$10.00 per copy**

**2. Identification Requirements: Application must be submitted with copies of either A or B.**

<p>A. One (1) of the following forms of photo ID</p> <ul style="list-style-type: none"> <li>• Driver's License / Non-Driver ID</li> <li>• Passport</li> <li>• Employment / Military ID</li> </ul>	<p>B. Two (2) of the following showing applicants name and address:</p> <ul style="list-style-type: none"> <li>• Utility bill</li> <li>• Telephone bill</li> <li>• Letter from a government agency dated within the last six (6) months</li> </ul>
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**3. If you are not the parent, child or spouse of the deceased, at time of death, you must submit documentation of a lawful right or claim.**

Purpose for which record is requested:

Legal    Government Agency    Social Security    Other \_\_\_\_\_

What is your relationship to person whose record is requested:	If attorney, give name and relationship of your client to person whose record is required:
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**4. Deceased Information:**

<i>First</i>	<i>Middle</i>	<i>Last</i>	<i>Maiden:</i>
Date of Death or Period to be covered by search: ____/____/____ - ____/____/____			
Age at time of Death:	Date of birth: ____/____/____		
Place of Death ( <i>name of hospital or street address</i> ):			
Name of Mother of Deceased:			
<i>First</i>	<i>Middle</i>	<i>Maiden / Last</i>	
Name of Father of Deceased:			
<i>First</i>	<i>Middle</i>	<i>Last</i>	

**5. Number of copies requested (for deaths occurring after January 1, 1988 specify with or without confidential cause of death):**

Confidential Cause of Death: _____	Without Confidential Cause of Death: _____
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**6. Applicant Information**

Name:		
Mailing Address:		
City:	State:	Zip:
Phone: (     )     -	Email:	
Signature:	Date: ____/____/____	