



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 (if paying by check/money order, please make payable to the "City of Johnstown")

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"> • Driver's License / Non-Driver ID • Passport • Employment / Military ID 	<p>B. Two (2) of the following showing applicants name and address:</p> <ul style="list-style-type: none"> • Utility bill • Telephone bill • Letter from a government agency dated within the last six (6) months
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3. If you are not the parent, child, sibling 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: ____ / ____ / ____