

TOWN OF COVERT TOWN CLERK
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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.

Name of Deceased			Date of Death or Period to be Covered by Search		
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	
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					

—	Number of copies requested with confidential cause of death
—	Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORDS SHOULD BE SENT

Name _____					
Address _____					
City _____	State _____	Zip Code _____			

*If applicant is someone other than the spouse, parent or child of the deceased, application must be accompanied by supporting documents establishing legal right or claim to copy or transcript.

Department of Health: Issuing Death Certificate Guidance Document

(Updated March 2024)

The applicant must provide the decedent's name and date of death. Additional information about the decedent may be required by the local registrar. The request letter or application form (DOH-294A) must be signed. Local registrars may require that the signature be notarized. If the request is made by someone other than the spouse, parent, child, sibling, domestic partner, or designated agent responsible for the disposition of remains, of the deceased, the application or letter must be accompanied by supporting documents establishing proof of the applicant's relationship to the decedent or evidence of a legal right or claim to obtain a certified copy or transcript, and a judicial order to obtain a certification. Photo Identification is required for all requests.

A certified copy or a certified transcript of a death certificate may be issued:

1. To the spouse, parent, child, or sibling of the deceased;
2. To the domestic partner or designated agent with documented proof;
3. To the lawful representative of the spouse, parent, child or sibling of the deceased;
4. To a person with a New York State Court Order issued on a showing of necessity;
5. To a person requiring the record for a documented legal right or claim;
6. To a person requiring the record for a documented medical need; or
7. To a municipal, state, or federal agency when needed for official purposes.

Domestic Partner - The following examples below are documents needed to prove domestic partnership of the deceased based on "the totality of the circumstances" as stated in Public Health Law (PHL) § 4201(1)(c). Sufficient proof would include the following:

1. Proof of being in a domestic partnership pursuant to laws of the United States or any state, local or foreign jurisdiction, or registered as a domestic partner with any registry maintained by an employer, state, municipality or foreign jurisdiction. If you have questions about the validity of proof from another state or country, please refer them to the NYSDOH Bureau of Vital Records for review.
2. Provide proof as a beneficiary or covered person under the deceased person's employee benefits or health insurance.
3. Provide proof a person was dependent or mutually interdependent on the other persons for support. This proof could be common ownership or joint leasing of real or personal property, or proof of children in common. Examples of document of proof could be property deed or lease agreement where both parties signed, signed adoption papers or joint financial statements.

Designated Agent – the requirements stated in PHL § 4201(2)(a) are used to determine whether a person has been legally authorized by a decedent to control the disposition of the decedent's remains and, therefore, is eligible to obtain a certified death certificate. The following persons in descending priority shall have the right to control the disposition of the remains.

1. Person designated in written instrument executed pursuant to the Public Health Law (this would be signed copy of the DOH-5211 Appointment of Agent to Control Disposition of Remains form);
2. Decedent's surviving spouse;
3. Decedent's surviving domestic partner (see above for required proof);
4. Decedent's surviving children eighteen years of age or older;
5. Decedent's surviving parents;
6. Decedent's surviving siblings eighteen years of age or older;
7. Decedent's appointed guardian;
8. Any person eighteen year of age or older who would be entitled to the share in the estate of the decedent;

9. A legally appointed fiduciary of the decedent's estate (usually, a "trustee" appointed by the Surrogate's court overseeing the distribution of the estate);
10. When none of the above are available, a close friend or relative who is reasonable familiar the decedent's wishes and who has executed a written statement regarding those wishes;
11. A chief fiscal officer or public administrator appointed by a Surrogate's court who has executed a written statement.

LEGAL RIGHT OR CLAIM - A legal right or claim is established based on documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate. Some examples include:

1. Letter from a bank to a surviving joint account owner requesting proof of the death of the deceased joint account owner.
2. Letters Testamentary issued by a Surrogate's court naming a person as executor of the decedent's estate.
3. Insurance policy showing that the requestor is a beneficiary.

PROPER PURPOSE - Determinations of proper purpose should be made in consultation with the NYSDOH Bureau of Vital Records. In general, a proper purpose does not exist when the record is being requested for profit-making or to "satisfy idle curiosity."

CONFIDENTIAL MEDICAL SECTION - Commencing with death certificates filed on January 1, 1988, death certificate forms contain a confidential medical section, which includes the cause of death and circumstances of death. When a certified copy is issued, do not include the confidential medical section. The confidential medical section may be included upon specific request to the following persons:

1. The spouse, parent, child, or sibling of the deceased;
2. The lawful representative of the spouse, parent, child or sibling of the deceased;
3. A person with a New York State Court Order issued on a showing of necessity for the confidential medical information;
4. A person requiring the confidential medical information to establish a legal right or claim;
5. A person requiring the confidential medical information for a documented medical need;
6. A municipal, state or federal agency specifically requesting the confidential medical information for official purposes.

ATTORNEY COPIES - Requests for death certificate copies by lawyers must be submitted in writing on the attorney's letterhead or on an official application form. The request must include the decedent's name and date of death, who the attorney represents, how the person named on the death certificate relates to the legal matter and the reason the copy is required. The latter is required so that a determination of judicial or other proper purpose can be made.

Note: the attorney must represent someone who is authorized to obtain a death certificate copy.

If the request involves an estate, the attorney must state that he or she is the attorney for the estate or represents a potential heir, someone contesting the will, etc. If the exact date of death is unknown, a date range may be submitted.