



Application for Copy of Death Record

Registrar • 1 Roosevelt Sq. • Mt. Vernon, NY 10550 • (914) 665-2356

Please Note: Only for Deaths that occurred in the City of Mount Vernon, NY

1 Identification Requirements (One of the following) IDENTIFICATION CANNOT BE EXPIRED

Driver's License or Non-driver's license Passport or Military ID

2 Additional Documentation Required

If you are a **spouse** and were married at the time of death, one of the above mentioned IDs would suffice.

If you are an adult **child**, you must present a certified copy of your birth record which shows parents' names.

If you are a **sibling**, you must present a certified copy of your birth record which shows parents' names.

If you are an **attorney**, your request must be received on your law firm stationary and payment must be in the form of a law firm check.

Anyone who can demonstrate a legal claim or official medical need, will need to have additional supporting documentation. Please call our office for more information.

3 Payment is \$10.00 per certified copy or no Record of Certification. WE DO NOT ACCEPT PERSONAL CHECKS. In person: Cash, money order, certified bank check, Visa or MasterCard. By mail: Money orders or certified bank check made payable to "City of Mount Vernon" and a self addressed, stamped envelope for return

DECEDENT

First Name Middle Name Last Name (at time of death) Date of Death

Place of Death Purpose record is required

Full Maiden name of Mother

With cause Without cause

Father Number of Copies

APPLICANT

Full Name Relationship

Telephone Number Address

Signature _____ Date



If you are mailing your request, please sign this form in the presence of a notary public

NOTARY PUBLIC

State of _____ County of _____

On the ____ day of _____ in the year 20__ before me, the undersigned, a Notary Public in and for said State, personally appeared, _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument as well as his/her signature. My commission expires on _____.

NPublic signature _____ NPublic printed name _____



CITY OF MOUNT VERNON, NEW YORK

REGISTRAR OFFICE

ONE ROOSEVELT SQUARE, ROOM 115

MOUNT VERNON, NEW YORK 10550

(914) 665-2356

Fax (914) 668-6044

www.cmvny.com

Tanesia M. Walters
Registrar

Kelley E. Thomas
Deputy Registrar

AUTHORIZATION AGREEMENT FOR AUTOMATIC CREDIT CARD PAYMENT

I, authorize the City of Mount Vernon Registrar Office to initiate debits to my credit card for the payment of a Birth Certificate, Death Certificate, Genealogy Certificate and document fee as indicated on the accompanying application. I understand that the credit card payment will be processed upon receipt of this authorization and the included application.

NAME OF APPLICANT: _____

REQUESTED DOCUMENT

Birth Certificate Death Certificate Birth/Death Genealogy Certificate

CREDIT CARD INFORMATION

Type of Credit Card: Discover Master Card Visa Amount: \$ _____

Credit Card #: _____ Exp. Date: _____

Name as it appears on the Credit Card: _____

Signature: _____ Date: _____

NOTE: A COPY OF YOUR CURRENT PHOTO ID (U.S. DRIVER'S LICENSE OR PASSPORT) MUST ACCOMPANY THIS AFFIDAVIT.

THIS AUTHORIZATION AGREEMENT CAN BE MAILED OR EMAILED:

Registrar Office, 1 Roosevelt Square, Mt. Vernon, NY 10550

kthomas@cmvny.com