## New York State Department of Health Vital Records Section

Identification Requirements: A	pplication	must be subm	\$10.00 pe	ples of either A o	r R	
(Note: Copy of Passport required if	request is	made from a	foreion cou	ntry that requires :	, D. a U.S. Pass	nort for travel )
A. One (1) of the following forms of	of valid ph	oto-ID: -OR	- B. Two	(2) of the followi	na showina	the applicant's name
<ul> <li>Driver license</li> </ul>	·	1	and a	iddress;	0	
<ul> <li>Non-driver photo-ID card</li> </ul>		1	• (	Jtility or telephone	e bills	
Passport			<ul> <li>Letter from a government agency dated within the</li> </ul>			
Employment ID		1		ast six (6) months		·
Name of Deceased:					Social Secu	urity No. of Deceased
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First	Middle	·····	Last		• • • • • • • • • •	
Date of Death or Period to be Cove		arch: (mm/dd/v	Lasi	Date of Birth of D	)eceased:	Age at Death:
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7 Maiden Name of Mother of Decease	od:			mm / dd / y	<u>////</u>	And the state of t
Malden Adme of Mother of Decease	eu.		····	······································	Death C	ertificate No.: (If known)
to an						
First Name of Father of Deceased:	Middle		Maiden	Last		
Name of Pather of Deceased:			** ***** * ****** *** ****	na sana manka sana na sana sa sa sa	Local Re	egistration No.: (If know
First	Middle		Last	······································		· · · · · · · · · · · · · · · · · · ·
Place of Death:						· · · · · · · · · · · · · · · · · · ·
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Name of Hospital or Street Addre		والمريا ويواجي المحمدة المرتجة			A.	··· ··· ··· ··· ··
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