

THE CITY OF NEW YORK—DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
 125 WORTH STREET
 NEW YORK, NEW YORK 10013

APPLICATION FOR A COPY OF A DEATH RECORD

PRINT ALL ITEMS CLEARLY

1. LAST NAME AT TIME OF DEATH			2. FIRST NAME			2A. <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	
3. DATE OF DEATH		4. PLACE OF DEATH			5. BOROUGH		6. AGE
Month	Day	Year					
7. NO. OF COPIES	8. SPOUSE'S NAME			9. OCCUPATION OF THE DECEASED			
10. FATHER'S NAME				11. BURIAL PERMIT NUMBER IF KNOWN			
12. MOTHER'S NAME (Name Before Marriage)				<i>(For Office Use Only)</i>			
13. FOR WHAT PURPOSE ARE YOU GOING TO USE THIS CERTIFICATE							

NOTE: Section 205.07 of the Health Code provides, in part: ". . . The confidential medical report of death shall not be subject to subpoena or to inspection." Therefore, copies of the medical report of death cannot be leased.

SIGN YOUR NAME AND ADDRESS BELOW

NAME		
ADDRESS		
CITY	STATE	ZIP CODE
INFORMATION: APPLICATION SHOULD BE MADE IN PERSON OR BY MAIL, TO ABOVE BUREAU.		
NOTE: 1. CASH NOT ACCEPTED BY MAIL		
2. PLEASE ATTACH A STAMPED SELF-ADDRESSED ENVELOPE.		

FEEs

SEARCH FOR TWO CONSECUTIVE YEARS AND ONE COPY.....	16.00
EACH ADDITIONAL COPY REQUESTED.....	15.00
EACH EXTRA YEAR SEARCHED (WITH THIS APPLICATION).....	1.00
IF RECORD IS NOT ON FILE, A CERTIFIED "NOT FOUND STATEMENT" WILL BE ISSUED.	
1. Make check or money order payable to: Department of Health, N.Y.C.	
2. If from a foreign country, send an international money order or a check drawn on a U.S. bank.	
3. Stamps or foreign currency will not be accepted.	

DO NOT FILL IN BLANKS
◆◆◆◆AUTHORIZATION MUST BE HAND WRITTEN◆◆◆◆

DEPARTMENT OF HEALTH – CITY OF NEW YORK

**Bureau of Vital Records
125 Worth Street
New York, NY 10039**

RE: DEATH CERTIFICATE DUPLICATE

To Whom It May Concern:

**This is to certify that I, _____ do hereby give full
(Print Name)
permission and authorization for ROBERTO VAZQUEZ, MICHAEL FOY,
NELSON ALVIRA, ROBERTO MENDEZ, AND ALFONSO SANCHEZ of
PASSPORT PLUS, INC. to pick up copies of a Death Certificate, on my behalf, now
being held in the Office of The Bureau of Vital records.**

(Signature)

(Date)

State of New York

County of _____

Sworn to before me this _____ day of _____ 2 _____

Notary Public