

**DEATH CERTIFICATE APPLICATION
MONROE COUNTY, ROCHESTER, NY - DISTRICT 2700**

DECEASED NAME:

DATE OF DEATH:

NUMBER OF COPIES:

**** Certified copies are \$30 each. (ex. 2 copies = \$60) Please send check or money order only. DO NOT MAIL CASH**

PLEASE CHOOSE: **WITH CAUSE OF DEATH (Recommended)**
 WITHOUT CAUSE OF DEATH

APPLICANT INFORMATION

APPLICANT'S NAME:

RELATIONSHIP: **CHILD** **PARENT** **SIBLING**
 EXECUTRIX **ATTORNEY** **AGENCY**
 Other

STREET ADDRESS:

CITY, STATE, ZIP

PHONE NUMBER:

SHIPPING: **USPS First Class Mail - No Charge**
 USPS Priority Mail Flat Rate - \$10.00 additional
 UPS Overnight Delivery - \$30.00 additional

In order to process your request you must submit the completed application along with a copy of your photo ID and a check or money order for \$30 (per copy requested) plus any additional shipping charges if applicable to:

Monroe County Vital Records
111 Westfall Road - Room 147
Rochester, NY 14620
Attn: Death Record Request

Incomplete applications will delay your order. If you have any questions about your order, please contact our office at (585) 753-5138.
