To Whom It May Concern:

Please complete the attached form (DOH-294A). It must be accompanied with supporting documents establishing a legal right or claim to obtain a certified copy, or a judicial or other proper purpose to obtain a certification. **This application must be notarized. Also please enclose a photocopy of your driver’s license and a return self-addressed, stamped envelope.**

If you are the spouse, parent, sibling or child of the deceased, you are only required to provide a copy of documentation proving such (i.e., marriage license or birth certificate proving lineage). All others must establish a legal right or claim, which defined as follows - documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate (i.e., letter from bank to the surviving joint account holder; letters testamentary from a person claiming to be the executor/executrix of the estate; insurance policy showing that the requestor is a beneficiary).

**ATTORNEY COPIES** - Requests for death certificates by lawyers must be submitted in writing on the attorney’s letterhead or on an official application form (DOH-294A-attached). The request must include the decedent’s name and date of death, which the attorney represents, how the person named on the death certificate related 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. The attorney must represent someone who is authorized to obtain a death certificate copy as listed above.

If you meet the above requirements, please note that confidential cause of death will be omitted from the certified copy unless specifically requested and you; are a person with a NYS Court Order issued showing of necessity for the confidential medical information; are the spouse, parent or child of deceased; are the lawful representative of the spouse, parent, sibling or child of the deceased; are a person requiring the confidential medical information for a documented medical need; are a person requiring the confidential medical information to establish a legal right or claim; or are a municipal, state or federal agency specifically requesting the confidential medical information for official purposes.

**Money Order** should be made payable to the Town of Tuxedo, the cost for the search and certified copy is $10.00. If no record is on file, you will receive a “No Record Certification” which costs $10.00. If you submitted a check for multiple certified copies of the same record, you will receive a refund for the balance remaining after $10. **Please include a self-addressed stamped envelope.** If you need it quicker than regular mail please include an overnight stamped envelope. If you should have any further questions regarding this State required process, please feel free to contact this office.

Sincerely,

Marisa Dollbaum, Registrar
Phone 845-351-4411 x 4
Fax 845-351-5593
Email deputytownclerk@tuxedogov.org