



# TOWN OF WILLIAMSON

*Marlene A. Gulick, Town Clerk*

*Paula A. Dolan, Deputy Town Clerk*

6380 Route 21, Williamson, NY 14589

Phone: 315-589-8100

Fax: 315-589-9485

Please fill out as much information as you can on the attached form. We will also need a copy of some type of picture ID, usually a driver's license (see Types of acceptable Identification below), and a **check for \$10.00**, made out to "**Williamson Town Clerk**".

Return the completed form to: **Williamson Town Clerk's Office**

**6380 Route 21**

**Williamson, NY 14589**

**Death Certificate – A certified copy, or a certified transcript of a death may be issued:**

1. To a person with a New York State Court Order issued on a showing of necessity;
2. To the spouse, parent, or child of the deceased;
3. To the lawful representative of the spouse, parent or child of the deceased;
4. To a person requiring the record for a documented legal right or claim;
5. To a municipal, state or federal agency when needed for official purposes.

**Types of Acceptable Identification:**

- |                          |   |
|--------------------------|---|
| 1. Driver's license      | 6. Employer's Photo ID                                    |
| 2. Non-drivers license   | 7. Two utility bills, showing applicants name and address |
| 3. Passport              | 8. Police report of lost or stolen ID                     |
| 4. Naturalization Papers |   |
| 5. Military ID           |   |

**DO NOT ISSUE COPY UNLESS ONE OF THE ABOVE TYPES OF IDENTIFICATION IS PRESENTED.**

Marlene Gulick  
Town Clerk

Paula Dolan  
Deputy Town Clerk

# Application to Local Registrar for Copy of Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

**PLEASE PRINT OR TYPE**

Name of Deceased First Middle Last			Date of Death or Period to be Covered by Search		
Name of Father of Deceased First Middle Last			Social Security Number of Deceased		
Maiden Name of Mother of Deceased First Middle Last			Date of Birth of Deceased Month Day Year		Age at Death
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____				Date _____	
Address of Applicant _____					

**COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988**

\_\_\_\_\_ Number of copies requested with confidential cause of death  
\_\_\_\_\_ Number of copies requested without confidential cause of death

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_