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Mayor



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CITY OF GLEN COVE

City Hall, 9 Glen Street, Glen Cove, NY 11542

How to Obtain a Death Certificate by Mail

Death Certificates can only be issued to: Parents, Child, Spouse (needs to have been married at the time of death) or Siblings of the deceased.

Complete the attached application.

- Sign the application and include your daytime telephone number.

Send the following documents with the application:

- **Copy of your valid driver's license or non-Drivers I.D. Card or Passport** (if sending a copy of your passport you must include a current utility bill showing your name and current address).
- **If requesting a parent or sibling's death certificate** – A Copy of your Birth Certificate- showing parent names.
- **If your name is a married name**, send a copy of your marriage license showing that your name changed from the maiden name to your married name.
- **Money Order** for \$10.00 per copy – Payable to the City of Glen Cove
- **Self-Addressed Stamped Envelope** – The address on this envelope must match the address on your license. If it does not match, send a current utility bill showing your name and current address.
- **We cannot mail to a P.O. Box.** If your address is a PO Box # - and you want the document sent to it. **[Include a notarized signed statement that this P.O. Box is the address you would like it mailed to.]**
- If Birth documents are in a foreign language an official translation will need to be included.
- **An attorney request** – Submit a letter in writing (request needs to be on attorney letterhead and payment with attorney check Must include the legal right or claim, who the attorney represents, how the person named on the death certificate relates to the legal matter and reason the copy is required) with a copy of Attorney Id or driver's license.
- Mail to the address listed above – Attention: City 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			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
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 _____