



## **DEATH CERTIFICATES**

The Village of Port Jefferson Clerk's Office maintains death records for individuals who passed away in the Village of Port Jefferson from January 1, 1964 to present.

The only individuals eligible to obtain a death certificate include:

- The surviving spouse of the decedent.
- A parent of the decedent.
- A child or sibling of the decedent. In addition to the photo ID requirement listed below, a child or sibling of the decedent must also include a copy of his/her birth certificate that lists the parent(s).
- Other individuals who have a:
  - Documented lawful right or a claim. An example of a lawful right or claim would be in an applicant needed the death certificate to claim a benefit. Documentation would consist of a letter from the agency addressed to the applicant stating the requirement of a certified death certificate to process the claim. The certificate will be sent directly to the agency or company that requires the document. Please provide the address and name of a contact person.
  - New York State Court Order

### **Identification Requirements: Applications must be submitted with a copy of one of the following forms of valid photo ID:**

- Driver's license
- DMV issued non-driver photo ID card
- Passport
- US Military ID
- Employee ID with a recent pay stub

### **ANY REQUESTS FOR A CERTIFICATE TO BE MAILED TO A POST OFFICE BOX OR TO A THIRD PARTY MUST BE NOTARIZED.**

**Fee:** \$10.00 per copy requested. Payment may be made by check or money order payable to "Inc. Village of Port Jefferson" through the mail or by cash, check or money order in the office. Please do not mail cash.

# 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.  
Make check or money order payable to "Inc. Village of Port Jefferson".  
Please include a copy of photo I.D. as well as a self-addressed stamped envelope.**

**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 _____					

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

Name _____					
Address _____					
City _____	State _____	Zip Code _____			

Incorporated Village of Port Jefferson  
121 West Broadway  
Port Jefferson, NY 11777      Attention Registrar

(631) 473-4724