

Information Required For A Certificate Of Death In New York State

This document is intended to assist your survivors by providing information that is required for a death certificate. Keep this sheet with other records that will be given to those who will be responsible for arrangements that occur after your death.

A Certificate of Death is issued by the county Health Department. Typically, the funeral director responsible for arrangements fills out a blank certificate (except for the physician's certification), obtaining the information from survivors, then files the certificate at the Health Department. Survivors who wish to have a certified copy can ask the funeral director to obtain one at the time of filing. Survivors pay for the certificate.

Note: One can obtain an application for certified copies from the Health Department. In Tompkins County the application can be obtained in person, or via the Department web site (<http://www.tompkins-co.org/health/>), or by mail at Tompkins County Health Department, 401 Harris Dates Dr., Ithaca, NY 14850. (Telephone 607-274-6642) A fee is charged for each copy.

The following information should be provided by you and may be recorded on this sheet. The numbers in parentheses indicate the numbered fields on the official certificate that correspond to the entries.

- (1) First, middle, last name: _____
- (2) Male Female (check one)
- (5) Date of birth: month _____ day _____ year _____
- (7A) City and State of birth (Country if not USA, region/province) _____
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- (8) Armed Services: yes no Duration in years, if yes _____
- (9) Hispanic origin: yes no (Mexican Puerto Rican Cuban Other _____)
- (10) Race _____
- (11) Highest educational level _____
- (12) Social Security number _____ - _____ - _____
- (15A) Usual occupation (before or other than retirement) _____
- (15B) Kind of business or industry _____
- (15C) Name and locality of company or firm _____
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- (17) Father's name: First _____ MI _____ Last _____
- (18) Mother's maiden name: First _____ MI _____ Last _____

(continued on reverse side)

The entries below relate to circumstances **at the time of death**. The information must be provided by survivors and/or those who attend the death.

(3A) Date of death: month _____ day _____ year _____

(3B) Hour of death _____ am _____ pm _____

(4A) Place of death (e.g., hospital, at home, etc.) _____

(4B) If at hospital, nursing home, etc., admission date (day, month, year)

(4C) If at hospital, etc., name of facility _____

(4D) Locality: City of__ Village of__ Town of__ _____

(4E) County of _____

(4G) Transferred from another institution? If yes, name and locality _____

(6A) Age in years _____

(13) Marital status _____

(14) Name of surviving spouse (if wife, maiden name) _____

(16A) Residence (State, or Country if not USA) _____

(16B) County (Region/province if not USA) _____

(16C) Locality: City of__ Village of__ Town of__ _____

(16D) Street and number of residence _____

(16E) Zip _____

(16F) Located within City of__ Village of__ _____

(19A) Name of informant _____

(19B) Mailing address of informant _____

To keep the information on one sheet, print on both sides.

Prepared by Funeral Consumers Alliance of the Finger Lakes
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