



**Emily Hawkins**  
 Eden Town Clerk  
 2795 East Church Street  
 Eden, New York 14057-1280

Phone: (716) 992-3406  
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**APPLICATION FOR SEARCH OF DEATH RECORDS**

TYPE OF RECORD DESIRED (Check One)

Search and Certification  Fee \$10.00 per Copy

A Certification, an abstract from the death certificate issued under seal of the Health Department, includes the name, date and place of death.

A Certification may be used as proof that the event occurred.

Search and Certified Copy  Fee \$10.00 per Copy

A Certified Copy, a photo static copy of the original death certificate, includes all of the information found on the original death certificate.

A Certified Copy may be required where proof of parentage and certain other detailed information may be necessary such as: veterans' benefits, court proceedings, or settlement of an estate.

**FEES:** Make money order or check payable to EDEN TOWN CLERK

No fee is charged for a search, certification or certified copy of a record to be used for eligibility determination for social welfare and veterans' benefits.

PLEASE PRINT OR TYPE

DEATH RECORD OF (First) (Middle) (Last)	DATE OF DEATH OR PERIOD TO BE COVERED BY SEARCH (Village, Town or City) (County)
PLACE OF DEATH (Name of Hospital or Street Address)	
SOCIAL SECURITY NUMBER OF DECEASED	DATE OF BIRTH OF DECEASED (Month) (Day) Year   AGE AT DEATH
NAME OF FATHER OF DECEASED (First) (Middle) (Last)	MAIDEN NAME OF MOTHER OF DECEASED (First) (Middle) (Last)
PURPOSE FOR WHICH RECORD IS REQUIRED	

What was your relationship to deceased? \_\_\_\_\_

In what capacity are you acting? \_\_\_\_\_

If attorney: Name and Relationship of your client to deceased: \_\_\_\_\_

**SIGNATURE MUST BE NOTORIZED** Signature of Applicant \_\_\_\_\_

Sworn and subscribed before me Address of Applicant \_\_\_\_\_

this \_\_\_\_\_ day of \_\_\_\_\_ Date \_\_\_\_\_

Notary Seal

Please print name and address where record should be sent:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_