

Affidavit for Use with Dual Citizenship Application Requests

STATE OF: _____

COUNTY OF: _____

I, _____, swear or affirm under penalty of perjury that the statements made herein and any accompanying documentation are true and correct to the best of my knowledge and belief.

I reside at _____

and am requesting a certified copy of the death record of _____ who was born on _____ and who died on _____.

The death occurred in the City, Town or Village of _____ in New York State.

A certified copy of this record is required for the purpose of obtaining dual citizenship with _____.

I am related to the deceased as follows: (Show name and relationship of descendents to yourself).

I also swear or affirm that this affidavit is being made for the sole purpose of obtaining a death certificate for the purpose stated above. (Submit photocopies of the citizenship requirements as well as any birth and/or marriage records necessary to document your relationship to the deceased.)

Signature of Applicant: _____

Notary Public: