DEATH CERTIFICATE APPLICATION MONROE COUNTY, ROCHESTER, NY - DISTRICT 2700

DECEASED NAME:	
DATE OF DEATH:	
NUMBER OF COPIES:	
Certified copies are \$30 e	each. (ex. 2 copies = \$60) Please send check or money order only. DO NOT MAIL CASH
PLEASE CHOOSE:	WITH CAUSE OF DEATHWITHOUT CAUSE OF DEATH
APPLICANT INFORMATION	
APPLICANT'S NAME:	
RELATIONSHIP:	□ CHILD □ PARENT □ SIBLING □ SPOUSE □ ATTORNEY (request on letterhead or Atty ID) EXECUTOR (include copy of Letters Testamentary)
STREET ADDRESS: **	
CITY, STATE, ZIP:	
PHONE NUMBER:	
SHIPPING:	USPS First Class Mail - No Charge
	FedEx Two Day Delivery – additional \$40.00 – signature required
** If delivery is to a PO Box you must include a notarized statement signed by applicant.	
	quest you must submit the completed application along with a legible copy of your coney order for \$30 (per copy requested) plus any additional shipping charges if
	Monroe County Vital Records Office 740 East Henrietta Road Rochester, NY 14623 Attn: Death Record Request
Incomplete applications will delay your order. If you have any questions about your order, please contact our office at (585) 753-5141.	