

**FUNERAL HOME  
DEATH CERTIFICATE APPLICATION  
MONROE COUNTY, ROCHESTER, NY - DISTRICT 2700**

**DECEASED NAME:**

**DATE OF DEATH:**

**NUMBER OF COPIES:**

\*\* Certified copies are \$30 each. (ex. 2 copies = \$60) Please send check or money order only. **DO NOT MAIL CASH**

**PLEASE CHOOSE:**  **WITH CAUSE OF DEATH**

**WITHOUT CAUSE OF DEATH**

---

**APPLICANT INFORMATION**

**FUNERAL HOME:**

**STREET ADDRESS:**

**CITY, STATE, ZIP:**

**PHONE NUMBER:**

---

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.

---