

To obtain a **certified raised-seal copy** of a death certificate by mail, fill out the attached form and send it to:

Registrar of Vital Statistics  
Town of Rhinebeck  
80 East Market Street  
Rhinebeck, NY 12572

along with a copy of your photo ID, such as a driver's license or passport, a check for \$10 per copy ordered made out to "The Town of Rhinebeck", and a postage-paid return envelope. **Please include your phone number** on mail-ins, so we can contact you if necessary.

You can also obtain a certified copy of a death certificate in person at the above address (same price). Make sure to bring the same documentation.

Please note that a death certificate can only be issued to the following individuals or entities who present the required documentation or a copy thereof:

- a spouse, parent, sibling or child of the deceased (photo ID required)
- a funeral director acting on behalf of the family of the deceased
- the lawful representative of the decedent's estate (power of attorney or similar authorization, or a letter on law firm letterhead required)
- any person with a lawful right or claim against the decedent's estate (relevant documentation required)
- any person by order of a court of competent jurisdiction (relevant court order required)
- a municipal, state or federal agency for official purposes (the request should be accompanied by a letter on agency letterhead)

Thank you.

# Application to Local Registrar for Copy of Death Record

PLEASE COMPLETE FORM AND ENCLOSE FEE

FEE: \$10.00 per copy or No Record Certification. Please do not send cash or stamps.

PLEASE PRINT OR TYPE

Name of Deceased			Date of Death or Period to be Covered by Search		
First	Middle	Last			
Name of Father of Deceased			Social Security Number of Deceased		
First	Middle	Last			
Maiden Name of Mother of Deceased			Date of Birth of Deceased		Age at Death
First	Middle	Last	Month	Day	Year
Place of Death					
Name of Hospital or Street Address			Village, Town or City		County
Purpose for Which Record is Required					
What was your relationship to the deceased? _____					
In what capacity are you acting? _____					
If attorney, name and relationship of your client to deceased _____					
Signature of Applicant _____				Date _____	
Address of Applicant _____					

COMPLETE FOR DEATHS OCCURRING AS OF JANUARY 1, 1988

\_\_\_\_\_ Number of copies requested with confidential cause of death  
\_\_\_\_\_ Number of copies requested without confidential cause of death

PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_