

DEATH CERTIFICATES

The Riverhead Town Clerk's Office maintains death records for individuals who passed away in the Town of Riverhead from 1881 through present.

The only individuals eligible to obtain a death certificate include:

- ❖ The surviving spouse of the decedent.
- ❖ A parent of the decedent.
- ❖ A child or sibling of the decedent. In addition to the photo ID requirement below, a child or sibling of the decedent must also include a copy of his/her birth certificate that lists the parent(s).
- ❖ Other individuals who have a documented lawful right or claim. An example of a lawful right or claim would be if an applicant needed the death certificate to claim a benefit. Documentation would consist of a letter from the agency addressed to the applicant stating the requirement of a certified death certificate to process the claim. The certificate will be sent directly to the agency or company that requires the document. Please provide the address and name of a contact person.

Identification Requirements: Applications must be submitted with a copy of one of the following forms of valid photo ID:

- Driver's license
- DMV issued non-driver photo ID card
- Passport
- US Military ID

Mail Requests will be sent to the address that appears on the photo ID unless an acceptable **Proof of Mailing Address** (current within one year) is included with the application.

PROOF OF MAILING ADDRESS:

Current Utility Bill (electric, phone, water, cable)

Tax Return

Lease or Rental Agreement

Property Tax Receipt/Bill

Other Official Government Mailing

Fee: \$10.00 per certified copy requested. Payment should be made by money order payable to "Riverhead Town Clerk" and mailed to:

**Diane Wilhelm
Riverhead Town Clerk
200 Howell Ave.
Riverhead, NY 11901**

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 _____
PHONE NUMBER: _____