

***Please fill out completely***

**BUREAU OF VITAL STATISTICS ~ CITY OF ONEIDA, NEW YORK  
REQUEST FOR DEATH RECORD COPY**

\$10 per copy  
Photo ID required  
Money Orders Only  
*No Personal Checks Accepted*

**Name of Deceased**

**Date of Death**

\_\_\_\_\_

**Last**

**First**

\_\_\_\_\_

**Month Day**

**Year**

**Name of Father of Deceased**

**Maiden Name of Mother of Deceased**

\_\_\_\_\_

**Last**

**First**

\_\_\_\_\_

**Last**

**First**

**Number of copies needed (\$10.00 per copy) \_\_\_\_\_ Cause of Death needed on \_\_\_\_\_ copies.**

**Government Use copies needed \_\_\_\_\_.**

**PURPOSE FOR WHICH RECORD(S) ARE REQUESTED( INCL. GOVERNMENT USE**

\_\_\_\_\_  
\_\_\_\_\_ .

**Relationship to Deceased? \_\_\_\_\_**

**If Attorney, name and relationship of your client to  
deceased. \_\_\_\_\_**

**Signature of Applicant: \_\_\_\_\_**

**Date \_\_\_\_\_.**

**City Clerk, 109 North Main St. Oneida, New York 13421 (315) 363-7378**

**FEE: \$10.00 per copy  
Photo ID required  
*Money orders Only – No Personal Checks Accepted***