



*Town of Mamaroneck
Office of the Town Clerk, Town Center
740 West Boston Post Road, Mamaroneck, NY
10543-3353*

*Allison May
Mamaroneck Town Clerk*

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To whom it may concern,

Copies of vital records for persons who were born, died or obtained their marriage license in the Town of Mamaroneck are on file with the Town Clerk. Birth records can be issued to the person named if 18 or older, parents of the named, or their lawful representative. Marriage records can be issued to the bride or groom, or their lawful representative. Death certificates may be issued to current spouse, parent, child, or sibling of the deceased, or their lawful representative.

PLEASE NOTE WE ARE NOT PERMITTED TO GIVE PHONE VERIFICATION OF VITAL RECORDS, NOR CAN WE ACCEPT CREDIT CARD INFORMATION BY PHONE OR EMAIL.

In order to initiate a search and obtain a copy of a vital record a completed signed request form must be submitted by mail (address above) a check made out to the Town of Mamaroneck in the amount of \$10.00 per copy, and a copy of one of the following identifications:

- Driver's License
- State issued non-driver ID
- Passport
- U.S. Military issued photo ID

Your documentation must demonstrate your legal right to obtain a vital record. You may be asked for addition documentation such as a birth certificate, a marriage certificate, or legal documentation.

Please feel free to call us or email us with any question.

Allison May
Mamaroneck Town Clerk

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 _____