## Who is eligible to obtain a death certificate copy?

- The spouse, parent, child or sibling of the deceased
- Other persons who have a:
    - documented lawful right or claim
    - documented medical need
    - New York State Court Order

## What is a lawful right or claim?

If the applicant is not the spouse, parent, child or sibling of the decedent, a lawful right or claim must be documented. An example of a lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of an official letter from the agency verifying that to process the claim they require from the applicant a copy of the requested death record.

## Identification Requirements - application *must* be submitted with copies of either A *or* B:

A. One (1) of the following forms of valid photo-ID:
    - Driver license
    - State issued non-driver photo-ID card
    - Passport
    - U.S. Military issued photo-ID

B. Two (2) of the following showing the applicant's name and address:
    - Utility or telephone bills
    - Letter from a government agency dated within the last six (6) months

**NEW YORK STATE DEPARTMENT OF HEALTH**
**VITAL RECORDS SECTION**

# Application to Local Registrar for Copy of Death Record

**Identification Requirements:** Application *must* be submitted with copies of either A *or* B.
(Note: Copy of Passport required if request is made from a foreign country that requires a U.S. Passport for travel.)

A. One (1) of the following forms of valid **photo-ID:**
- Driver license
- Non-driver photo-ID card
- Passport
- Employment ID

**-OR-**

B. Two (2) of the following showing the applicant's name and address:
- Utility or telephone bills
- Letter from a government agency dated within the last six (6) months

Name of Deceased: *First* *Middle* *Last*

Social Security No. of Deceased:

Date of Death or Period to be Covered by Search: *(mm/dd/yyyy)* *From* *To*

Date of Birth of Deceased: *mm / dd / yyyy*

Age at Death:

Maiden Name of Mother of Deceased: *First* *Middle* *Maiden Last*

Death Certificate No.: *(If known)*

Name of Father of Deceased: *First* *Middle* *Last*

Local Registration No.: *(If known)*

Place of Death: *Name of Hospital or Street Address* *Village, town or city* *County*

Number of Copies Requested: *(For deaths occurring as of January 1, 1988 specify with or without confidential cause of death.)*

Copies requested **with** confidential cause of death _____ Copies requested **without** confidential cause of death _____ Total number of copies requested _____

Purpose for which Record is Required:

What is your relationship to person whose record is required?

In what capacity are you acting?

If attorney, give name and relationship of your client to person whose record is required:

**If you are not the parent or child of the deceased or the spouse of the deceased at the time of death, you must submit documentation of a lawful right or claim.**

Signature of Applicant: ➢

Date Signed: Month Day Year

Address of Applicant:

*(Applicant's Name)*

*(Street)*

*(City)* *(State)* *(Zip)*

Telephone No.: ( )

**FOR REGISTRAR'S USE ONLY**
(Photocopy ID and attach to application form)

Type of ID:

☐ Driver License

Issuing state: _____

Expiration date: _____

Number: _____

☐ Other ID, Specify

Number: _____

Type: _____

Number: _____

Type: _____

DOH-294A (06/2005)

$10 per copy; cash or check accepted (made payable to Village of Bronxville)

# Fetal Death and Still Birth

## Fetal death is defined in New York State Public Health Law §4160:

Fetal death is defined as death prior to the complete expulsion or extraction from its mother of a product of conception; the death is indicated by the fact that after such separation, the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.

In every case of a fetal death in New York State the death must be reported. If the death occurred in New York State outside of the five boroughs of New York City it is reported to the New York State Department of Health. This is done by authorized medical personnel or, in the case of a fetal death without medical attendance, by the coroner, medical examiner or medical director (in the case of Erie county). The fetal death must be reported regardless of the estimated gestational age of the fetus.

## Who is eligible to obtain a copy of a fetal death certificate?

A copy of the Fetal Death Certificate may be issued to the mother (patient) on the fetal death certificate.

## What is the fee for a Fetal Death Certificate copy?

There is no charge for the initial copy. Additional copies are $10.00 each.

## How do I order a copy?

If you are the mother on the record, you can use the Application for a Copy of a Fetal Death Certificate (DOH-3667). The mother's signature on the application must be notarized.

## What about a birth certificate?

Because the fetal death certificate serves as the official record of the birth and death, a separate birth certificate is not issued in the case of a fetal death.

## What about the Certificate of Still Birth?

As of March 21, 2012, the law allows the issuance of a Certificate of Still Birth for fetal deaths that meet the definition of a "stillbirth." The law defines a "stillbirth" as the unintended intrauterine death of a fetus that occurs after the clinical estimate of the twentieth week of gestation.

The law allows the Certificate of Still Birth to be issued even if the fetal death occurred before the law went into effect.

## Who is eligible to obtain a copy of a Certificate of Still Birth?

- The parents listed on the Fetal Death certificate.
- If both parents are deceased at the time of the stillbirth:

- A sibling of a parent listed on the fetal death certificate may obtain a copy of the Certificate of Still Birth.
- A parent of a parent listed on the fetal death certificate may obtain a copy of the Certificate of Still Birth.

## What is the fee for a Still Birth Certificate copy?

There is a charge of $10.00 for each copy or Notification of No Record Available.

## How do I order a copy?

You can use the Application for a Copy of a Certificate of Still Birth (DOH-5056). The applicant must sign before a Notary Public.

If you are a sibling or a parent of a parent listed on the fetal death certificate, you must also provide documentation of the deaths of the parents listed on the fetal death certificate and documentation of your relationship.

- Documentation of the deaths of the parents listed on the fetal death certificate can be photocopies of death certificates.
- Documentation that you are a parent of the parent listed on the fetal death certificate can be a photocopy of the birth certificate showing you as the parent.
- Documentation of a sibling relationship can be photocopies of birth certificates showing that you have the same parents.

## What is a Notification of No Record Available and why might I get one?

A Notification of No Record Available is a letter stating that we are unable to issue a Certificate of Still Birth based on your application.

This may occur for several reasons:

- A Certificate of Still Birth cannot be issued if the pregnancy outcome is not a "stillbirth" as defined in Public Health Law § 4160-a(2).
- The fetal death certificate may not contain sufficient information to match it to your request. This is possible since some of the information on the fetal death certificate is optional but may be necessary to identify the record. To ensure that you can obtain a copy of the Fetal Death Certificate or the Certificate of Still Birth, it is best to have the person preparing the fetal death certificate complete the optional parts of the certificate with your information.
- The information provided did not match any fetal death record on file with the department.
- The parents on the fetal death record may request that the Certificate of Still Birth not be issued.

## Will the Certificate of Still Birth be certified?

No, the law does not provide for the department to certify the Certificate of Still Birth.

## Can I use the Certificate of Still Birth in place of a Fetal Death Certificate for official purposes?

The New York State Department of Health does not have the authority to determine for other agencies which types of documents they will or will not accept. However, the law does not provide for the department to certify the Certificate of Still Birth. If another agency or party requires a certified document, the Certificate of Still Birth will probably not be accepted.

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

# Application to Department of Health for Copy of Fetal Death Record

**PLEASE COMPLETE FORM AND ENCLOSE FEE**

FEE: Initial copy or No Record Certification is free. Additional copies are $30.00 each. Make money order or check payable to New York State Department of Health. Please do not send cash or stamps. Return with required fee to: Certification Unit, Vital Records Section, P.O. Box 2602, Albany, NY 12220-2602.

**PLEASE PRINT OR TYPE**

Maiden Name of Patient

First Middle Last

Address

Street Address Village, Town or City Zip Code

Patient's Date of Birth

Month Day Year

Social Security Number of Patient (last 4 digits only)

Name of Facility

Street Address Village, Town or City Zip Code

Certifying Doctor's Name

Name of Funeral Director - Check box if none ☐

Street Address Village, Town or City Zip Code

Date of Fetal Death

Month Day Year

Date of Disposition

Month Day Year

Name of Fetus - Check box if a name was not entered on the Fetal Death Certificate ☐

First Middle Last

Name of Father - Check box if a name was not entered on the Fetal Death Certificate ☐

First Middle Last

Sworn to Before me this

_____ Day of _____, _____

Signed _____ (Patient)

_____ (Notary Public)

NOTE: Signature must be notarized.

**PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name _____ Telephone _____

Address _____

City _____ State _____ Zip Code _____

DOH-3667 (06/2003)

$10 per copy; cash or check accepted (made payable to Village of Bronxville)

NEW YORK STATE DEPARTMENT OF HEALTH
Vital Records Section

# Application to Department of Health for Certificate of Still Birth

**PLEASE COMPLETE FORM AND ENCLOSE FEE - SIGNATURE MUST BE NOTARIZED**

NOTE: If you are not a parent on the Fetal Death Certificate you can only apply if you are a parent or sibling of a listed parent and both parents of the still born are deceased at the time of the stillbirth. You may be asked to provide documentation of the parents' death and of your relationship.

**PLEASE PRINT OR TYPE**

Name of Mother: *First* *Middle* *Current Last Name* *Birth (Maiden) Last Name*

Residence Address (at time of stillbirth): *Street Address* *City, Town or Village* *State* *ZIP*

Date of Birth of Mother: *MM / DD / YYYY*

Social Security Number of Mother: *Last 4 Digits Only*

Facility: *Facility Name* *Street Address* *City, Town or Village* *State* *ZIP*

Certifying Physician's Name:

Name of Funeral Director:

Name and Address of Funeral Home: *Name of Funeral Home* *Street Address* *City, Town or Village* *State* *ZIP*

Date of Stillbirth: *MM / DD / YYYY*

Date of Disposition: *MM / DD / YYYY*

Name of Still Born: *First* *Middle* *Last*

Check box if a name was not entered on the Fetal Death Certificate: ☐

Name of Father / Parent: *First* *Middle* *Last*

Check box if a name was not entered on the Fetal Death Certificate: ☐

Name of Applicant: *First* *Last*

Relationship of Applicant to Still Born:
Mother/Father ☐
Grandmother/Grandfather ☐
Aunt/Uncle ☐

I do swear/affirm that I am the applicant named above and that all of the information provided is true and correct to the best of my knowledge and belief.

Signed ▸ _____
(Applicant)

*Reserved for use by Notary*

State of _____
County of _____ } SS:

Sworn to Before Me This

_____ Day of _____, _____

_____
(Notary Public)

**NAME AND ADDRESS WHERE RECORD SHOULD BE SENT - NUMBER OF COPIES REQUESTED**

Name: _____ Phone: ( ) _____

Address: _____

City: _____ State: _____ ZIP: _____ Number of Copies Requested _____

DOH-5056 (3/12)

$10 per copy; cash or check accepted (made payable to the Village of Bronxville)