Fee: Monroe County - \$30.00) / Other Districts -	\$10.00 pe	r certified cop	y or No R	ecord Certification	
Identification Requirements: A	oplication must be sub-	mitted with co	pies of either A	or B.		
(Note: Copy of Passport required if A. One (1) of the following forms of	f valid photo-ID: -OI	a ioreign cou R- B. Two	ntry that requires (2) of the following	a U.S. Pass	sport for travel.)	
Driver license		and a	address:	ng anowing	the applicants hame	
Non-driver photo-ID card			 Utility or telephone bills 			
Passport Employment ID			 Letter from a government agency dated within the last six (6) months 			
Name of Deceased:			ast six (6) month		urity No. of Deceased:	
				000,0,000	and Ho. of Deceased.	
First	Middle	Las	•			
Date of Death or Period to be Cove			Date of Birth of	Deceased:	Age at Death:	
			,			
From			mm / dd /	mm / dd / yyyy		
Maiden Name of Mother of Deceased:			111111111111111111111111111111111111111	Death C	Certificate No.: (If known)	
			•			
First Name of Father of Deceased:	Middle	Maiden	Last			
Name of Father of Deceased:				Local R	egistration No.: (If known)	
		*				
First Middle Place of Death:		Last				
Name of Hospital or Street Addre	99		/ Village, town or city			
Number of Copies Requested: (For	deaths occurring as of Ja	nuary 1, 1988	specify with or with	out confident	County tial cause of death.)	
Copies requested with Copies request			ıt	Total numb	her of	
confidential cause of death confidential cause Purpose for which Record is Required:						
r arpose for which record is Require	su.	vvnaci	s your relationship	to person who	ose record is required?	
		7				
In what capacity are you acting?	If attorney, give nam	ne and relations	ship of your client to	person who	se record is required:	
					,	
If you are not the	e parent or child of t	he decease	d or the spouse	of the dec	eased	
at the time of death, you must submit of Date Signed:			EOD DECICEDADIC HEE ONLY			
Signature of Applicant:	Month Day Year		(Photocopy ID and attach to application form)		cation form)	
		Type of II				
<u>></u>	1	Driver License				
Address of Applicant:			Issuing state:			
			Expiration date:			
(Applicant's Name)			Number:			
			· ID, Specify			
(Street)			Number:			
		1				
(City)	(State) (Zip)	_ Type: _				
	(State) (Zip)					
Telephone No.: ()		Type:				
OOH-294A (06/2005)						