

Geneva City Clerk  
47 Castle Street  
Geneva, NY 14456

(315)789-2603  
M – F 8:30am to 4:00pm  
cityofgenevany.com

Instructions for obtaining a certified copy of a death certificate with a raised seal:

**NOTE:** The Geneva City Clerk's Office only has death records for people who died within the city limits, and certified copies may only be obtained by the informant listed on the death certificate or immediate family members.

- Appear in person at the Geneva City Clerk's Office at 47 Castle Street, Geneva, NY with your photo ID (Driver's License) and fill out a request form stating the purpose for which the record is required.

OR

- Complete the attached request and mail to the Geneva City Clerk, 47 Castle Street, Geneva, NY 14456 along with a copy of your photo ID (Driver's License).

In either instance, the fee is \$10.00 per certificate required in the form of cash, check or money order made payable to the "City of Geneva." A self-addressed, stamped envelope is appreciated for us to return the certificate.

Please note: If appearing in person to apply for a death certificate, the Geneva City Clerk's Office does accept credit or debit cards for a fee of \$1.25.

# 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 \_\_\_\_\_