

Instructions for Request for a Death Record

- Form DOH-294A, completed and accompanied by supporting documents.
- This application must be notarized.
- Enclose a photocopy of your driver's license and a return self-addressed, stamped envelope.
- Enclose check or money order for \$10 per copy. Cash is accepted for in-person requests.

Mail Requests to: Town of Williamstown
 Town Clerk
 79 Lakewood Road
 Altmar, NY 13302

Supporting Documents:

- If you are the spouse, parent, sibling or child of the deceased, you must provide a copy of documentation proving such (i.e., marriage license or birth certificate proving lineage).
- All others must establish a legal right or claim, which defined as follows –
 - documentation demonstrating that the requestor has a legal need requiring a copy of the death certificate (i.e., letter from bank to the surviving joint account holder; letters testamentary from a person claiming to be the executor/executrix of the estate; insurance policy showing that the requestor is a beneficiary).

Attorney Copies:

Requests for death certificates by lawyers must be submitted in writing on the attorney's letterhead or on form DOH-294A. The request must include the decedent's name and date of death, who the attorney represents, how the person named on the death certificate relates to a legal matter and the reason the copy is required. **The attorney must represent someone who is authorized to obtain a death certificate** copy as listed above.

If you meet the above requirements, please note that confidential cause of death will be omitted from the certified copy unless **specifically requested** and you;

- are a person with a NYS Court Order issued showing of necessity for the confidential medical information;
- are the spouse, parent or child of deceased; are the lawful representative of the spouse, parent, sibling or child of the deceased;
- are a person requiring the confidential medical information for a documented medical need;
- are a person requiring the confidential medical information to establish a legal right or claim;
- or are a municipal, state or federal agency specifically requesting the confidential medical information for official purposes.

Requests by mail must include a \$10 per copy fee by check or money order made payable to the Williamstown Town Clerk. Cash is accepted for in-person requests. If no record is on file, you will receive a "No Record Certification" which costs \$10.00. If you submitted a check for multiple certified copies of the same record, you will receive a refund for the balance remaining after \$10. ***Please include a self-addressed stamped envelope.***

