Vital Records Section
Town of North Dansville

Application to Local Registrar for Copy of Death Record

Town Clerk
14 Clara Barton Street
Dansville, NY 14437

FEE: *$10.00 per copy*
or No Record Certification
(Certified Bank Check/Money Order)
Cash - In Person Only

INFORMATION OF DECEASED

Name of Deceased
First: _____
Middle: _____
Last: _____

Date of Birth of Deceased:
_____

Date/Range of Death to be Searched:
_____

Age at Death: _____

Place of Death

Hospital or Street Address: _____ Town: _____ County: _____

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

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

Purpose for which record is required: _____

What was your relationship to the deceased?_____

In what capacity are you acting? _____

If attorney, Name & Relationship of your client to deceased: _____

COMPLETE FOR DEATHS OCCURING 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 OF APPLICANT OR WHERE RECORD SHOULD BE SENT

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _(_____)_____-_____

SIGNATURE of APPLICANT: _____ **Date:** _____

Rv 10.2025