

Town of Hamilton

38 Milford Street | Hamilton, NY 13346

(315) 824-3380 | Fax (315) 824-0246 | www.TownofHamiltonNY.org

Sue Reymers, Town Clerk

For requests of copies for Marriage, Birth or Death Certificates or Genealogy Research, please fill out the appropriate NYS Department of Health Application and provide proof of identification. Requests can be made to the Town of Hamilton or to NYSDOH. Turn-around time for requests made to the Town can take up to two weeks, depending on the record and the nature of the search.

NYSDOH Form Required for Request	Cost	Requirements	Restrictions
Marriage DOH-301	\$10 per copy	Proof of Identification	Copies can only be requested to the couple that was married. If both are deceased, a genealogical copy can be requested if a lawyer makes the request on letterhead stating legal and proper purpose.
Birth DOH-296A	\$10 per copy	Proof of Identification	Typically, only the person named on the birth certificate or the parents may request a copy. Call 315-824-3380 for more information.
Death DOH-294A	\$10 per copy	Proof of Identification	A spouse, parent, child, lawful representative, or a person with a NYS Court Order showing necessity, as well as a few other circumstances can access a copy of a death record. Call 315-824-3380 for more information.
Genealogy Research DOH-1562	Min \$22.00. Records are not certified.	Proof of Identification	See the back of the Application for details.

Mail the completed form, a copy of your proof of identification and a MONEY ORDER, and any other required documentation to:

Town of Hamilton
38 Milford Street
Hamilton, NY 13346

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 _____