DOH-5001 (5/10)

## **Affidavit to Request Certified Copy of Death Certificate**

fidavit for Use with Dual Citizenship Application Requests		i	FOR OFI	FICE USE	
			Ref. #		
,, swear or at			rm under penalty of perjury that the statement		
made herein and any accompanying documentation are true	e and correct to the	e best of my knowledge a	nd belief.		
reside at(Street Address)		(CL.)	(State)	(7ID Code)	
		(City)	(State)	(ZIP Code)	
and I am requesting a certified copy of the death record of _		(Full Name of Decease	d - First Middle Last)	wh	
uoo born on	on.		·		
was born on and who died (	(Date of Death	or Period to Be Searched)	•		
The death occurred in the Citv. Town or Village of				in New York Stat	
The death occurred in the City, Town or Village of(C	City, Town or Village	e Where Death Is Believed	to Have Occurred)		
A certified copy of this record is required for the purpose of	obtaining citizensh	ip with			
			(Name of Country)		
also swear or affirm that this affidavit is being made for the citizenship requirements as well as any b		•			
		<u> </u>			
Dolow to be completed by Matery Dubli-		Signature of Applicant			
Below to be completed by Notary Public					
STATE OF	00.				
COUNTY OF	SS:				
Subscribed and sworn to					
(affirmed) before me this	day				
of					
,	<u> </u>				
Noton, Public					
Notary Public					