

FUNERAL HOME NAME / LOCATION :

Check Number:

					If Death Registration # is unavailable, you MUST include Decedent's Name and Date of Death			
	Date Permit Issued (mm/dd/yyyy)	Reg. District Name (City/Town/Village of)	Reg. District #	Death Reg. # (if known)	Name of Deceased (Last, First)	Date of Death (mm/dd/yyyy)	Funeral Director Name	Funeral Dir. Reg. #
1								
2								
3								
4								
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10								
11								
12								
13								
14								
15								

MONTH: _____ YEAR: _____

Remit Payment To: New York State Department of Health
Bureau of Vital Records, EDRS Unit
800 N Pearl St Rm 205
Albany, NY 12204