



TOWN OF ISLIP – ATTN: REGISTRAR'S OFFICE  
OFFICE OF THE TOWN CLERK  
655 Main St., Islip NY 11751  
[townclerk@islipny.gov](mailto:townclerk@islipny.gov)  
631-224-5490

**OLGA H. MURRAY**  
TOWN CLERK & REGISTRAR OF VITAL STATISTICS

## Information on How to Obtain a Death Certificate

**FEE: ONE (1) COPY \$10.00 PER COPY**

### General Instructions

- Use this application if you are the spouse, parent or child, or sibling of the deceased.
- Use this application only if the death occurred in the Town of Islip.
- Do not use this application for genealogy requests
- Print a copy of this application, complete and sign.
- Mail application with a money order and a copy of any required documentation or bring in person with cash or money order and any required documentation (see below).

### Identification requirements -Application **MUST** be submitted with copies of either A or B.

- A. One (1) of the following forms of valid photo-ID:
  - State issued drivers or non-drivers license
  - Military ID
  - Passport
- B. Two (2) of the following showing the applicant's name and address:
  - Utility bills or telephone bills for two consecutive months
- C. Applicant's birth certificate must be provided

### What is lawful right or claim?

- If the applicant is not the spouse, parent or child (18 years or older), or sibling of the decedent, a lawful right or claim must be documented. An example of lawful right or claim would be a death record needed by the applicant to claim a benefit. Documentation would consist of a copy of a court order or an official letter verifying that a copy of the requested death record is required from the applicant in order to process a claim.

**Payment:** If no record is on file, a **No Record Certification** is issued and the fee is **not** refunded. Mailed requests can only be obtained by **money orders**. Completed requests will be returned by first class mail unless a pre-paid return mailer is provided. We do not accept pre-paid envelopes from UPS. We will accept pre-paid envelopes from Federal Express or the United States Post Office only.

**Processing time:** Mail requests will take up to two (2) to three (3) weeks once received.

**Completing the Application:** Once you have completed form, print and sign it. Bring or mail to **Town of Islip Registrar Dept., 655 Main St., Islip, NY 11751** along with money order made payable to "Town of Islip" and any other required documentation. If you bring in the application cash is accepted, but do not send cash through the mail.

**Attorney copies:** Requests must be made on letterhead. Please include all vital information and reason you are requesting same. Attorney must sign letter and mail a copy of their driver's license and Office of the Court Administration ID. Payment may be made with your business check.



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### Application to Local Registrar for Copy of Death Record

**Required ID must be included with application. Money order or check payable to the Town of Islip**  
**FEE: \$10.00 PER COPY**

**PLEASE PRINT OR TYPE**

Name of Deceased  First                      Middle                      Last	Date of Death or Period to be Covered by Search
Name of Father of Deceased  First                      Middle                      Last	Date of Birth of Deceased  Month                      Day                      Year
Maiden Name of Mother of Deceased  First                      Middle                      Last	Age at Death
Place of Death	
Name of Hospital or Street Address                      Village                      Town or City County	
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 _____	
Telephone Number _____	
_____ Number of copies requested with confidential cause of death	_____ Number of copies requested without confidential cause of death

**IF REQUESTED BY MAIL PLEASE PRINT NAME AND ADDRESS WHERE RECORD SHOULD BE SENT**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Funeral Home: \_\_\_\_\_

**\*\* FOR OFFICE USE ONLY\*\***      Copies: \_\_\_\_\_      Check or Money Order #: \_\_\_\_\_