



# Town of Mamaroneck

Town Center

740 West Boston Post Road, Mamaroneck, NY 10543-3353

OFFICE OF THE TOWN CLERK

TEL: 914/381-7870

FAX: 914/381-7813

[townclerk@townofmamaroneck.org](mailto:townclerk@townofmamaroneck.org)

To Whom It May Concern:

Copies of vital records for those who were born, died or obtained their marriage license in Town of Mamaroneck are on file with the Town Clerk. Birth records can be issued to the person named if 18 or older, parents of the person named, or their lawful representative. Marriage records can be issued to the bride or groom or their lawful representative. Death certificates may be issued to current spouse, parent or child of the deceased or their lawful representative.

**Please note we are not permitted to give phone verification of Vital Records.**

In order to initiate a search and or obtain a copy of Vital Record a completed and signed request form must be submitted by mail (no fax requests) to the Town Clerk's Office along with a copy of the following proof of identification:

- Driver license
- State issued non-driver photo-ID card
- Passport
- U.S. Military issued photo-ID

Please include payment in the amount of \$10.00 per copy for a certified copy or copies for all Vital Record requests. We do accept credit cards, please complete the information below. All applications should be mailed to the Town Clerk at 740 W Boston Post Road, Mamaroneck, NY 10543. Enclosed is the form that must be completed and returned to our office.

Please call our office if we can be of further assistance.

Christina Battalia  
Town Clerk

## CREDIT CARD INFORMATION

\_\_\_\_\_  
NAME ON CREDIT CARD

\_\_\_\_\_  
CREDIT CARD NUMBER

\_\_\_\_\_  
3 DIGIT SECURITY CODE  
(Located on the back of card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CREDIT CARD BILLING ZIP CODE

\_\_\_\_\_  
EXPIRATION

# 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 First Middle Last			Date of Death or Period to be Covered by Search		
Name of Father of Deceased First Middle Last			Social Security Number of Deceased		
Maiden Name of Mother of Deceased First Middle Last			Date of Birth of Deceased Month Day Year		Age at Death
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 \_\_\_\_\_