

ANDREW P. RAIA, REGISTRAR
TOWN OF HUNTINGTON
100 MAIN ST., HUNTINGTON NY 11743
(631) 351-3206; FAX (631) 351-3205

**FUNERAL DIRECTOR'S APPLICATION FOR TRANSCRIPTS OF DEATH
CERTIFICATES; FEE: \$10.00 each**

REQUESTED AT: Time of Filing Date: _____

or

***Subsequent date:** _____

*Six (6) months after date of death, at the direction of NYS Dept. of Health, Vital Records Section, transcripts can only be released to Funeral Directors if a family member's notarized authorization is attached to this request form.

NAME, ADDRESS AND TELEPHONE NUMBER OF FUNERAL HOME:

Funeral Home: _____

Address: _____

Telephone Number: _____

Contact Person at Funeral Home (Print): _____

NAME OF DECEDENT: _____

Date of Death: _____ ****Number Requested:** _____

** _____ Transcripts to include Medical Confidential Section

** _____ Transcripts to exclude Medical Confidential Section

** _____ One (1) no-charge transcript for Veterans Benefits (Box 8 DOH-1961)

HOLD TRANSCRIPTS FOR PICK-UP ON: _____

MAIL TRANSCRIPTS TO: _____

Signature of Funeral Director: _____ **Date:** _____

#####

FOR OFFICE USE ONLY

Paid: \$ _____ Cash or Check (Check # _____)

Charged on Account \$ _____ **Safety Paper #/s** _____

RECEIPT NO. _____

CLERK ID NO. _____