

Thank you for your recent order. Please be advised that New York City Dept. of Health and Mental Hygiene requires the following identity verification documents to process your request.

### Instructions For Gathering Required Documentation

**1 Licensed attorneys who are retained by an entitled party are required to submit the following documentation:**

1. An original letter from the entitled party authorizing the attorney to act on his/her behalf.
2. A copy of the entitled party's unexpired, government issued photo identification. If the entitled party does not have a valid ID, the submission does not qualify as an attorney protocol. Please email [nycdohvr@health.nyc.gov](mailto:nycdohvr@health.nyc.gov) for instructions/assistance on how the request can be submitted.
3. An original letterhead of request from the attorney, which states you have been retained, the registrant's name, date of birth and/or date of death and request reason.
4. Proof that you are a licensed attorney, such as a copy of the unexpired court pass or printout of your attorney number.
5. The documentary evidence that demonstrates entitlement if the entitled party is not listed as eligible. The following individuals are eligible relationships: spouse or domestic partner, parent, child, sibling, grandparent, grandchild, person in control of the disposition listed on the death certificate (informant).

**2 Sign and date the Identity Verification Form.**

**3 Submit your documentation and the signed Identity Verification Form to the following address:**

**MAILING ADDRESS**

New York City Dept. of Health and Mental Hygiene  
Office of Vital Records  
ATTN: Hybrid Orders  
125 Worth Street, CN-4, Room 119  
New York City, NY 10013





104740063+

### Identity Verification Form

<b>Applicant Name:</b>	Claude Simon	<b>Order Date:</b>	2/5/2020 09:23 AM CST
<b>Certificate Holder Name:</b>	Hildegard Klages	<b>Order Number:</b>	104740063
<b>Contact Phone:</b>	(912)-441-0062	<b>Order Pin:</b>	766468

### IMPORTANT

This signed Identity Verification Form **MUST** be submitted, along with the required documentation, to:

New York City Dept. of Health and Mental Hygiene  
Office of Vital Records  
ATTN: Hybrid Orders  
125 Worth Street, CN-4, Room 119  
New York City, NY 10013

### Signature and Date Required

Applicant's Signature: \_\_\_\_\_

*Claude Simon*

Date: \_\_\_\_\_

*2-5-2020*

If possible, photocopy identification in the space provided below.

