



**DEPARTMENT OF RECORDS AND INFORMATION SERVICES  
MUNICIPAL ARCHIVES**

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**APPLICATION FOR SEARCH AND COPY OF OFFICE OF CHIEF MEDICAL  
EXAMINER INVESTIGATION OF DEATH REPORT CASE FILE DOCUMENTS**

***Holdings:***

The New York City Municipal Archives maintains the Investigation of Death Report case file records, and related index books, created by the Health Department, Office of Chief Medical Examiner (OCME), dating from 1918, when the Office was created, through 1950.

***Access Policy:***

Access to OCME death report files will be granted for legitimate research, historical, genealogical, or law enforcement objectives. Applicants must supply all requested information on this form, including "purpose for which this record will be used." ***This application form must be accompanied by a copy of the Health Department death certificate.*** Copies of Health Department death certificates may be obtained from the Municipal Archives (form MA-23). Due to the fragile condition of this material, applicants will be supplied with photocopies of all documents contained within the requested file; patrons are not permitted access to original materials. Written permission from the Director of the Municipal Archives is required before any material in a case file may be quoted directly; reproduced in any manner, including electronic media; reprinted; or published.

***Fees:***

The search fee is \$10; if found, copies of documents contained in the file will be provided at \$1.00 per page. Most case files contain fewer than 20 documents. Applicants should include a check payable to NYC DEPARTMENT OF RECORDS and write "Not to Exceed \$30." on the memo line. If the file contains more than 20 documents, the applicant will be notified of the appropriate fee. If the OCME record is not found, the requestor will be charged only the search fee, \$10.00.

***PLEASE PRINT OR TYPE:***

Name of Decedent		Age at Death
Date of Death Month                      Day                      Year		Place (Borough) of Death
Health Dept. Death Certificate No.	Your relationship to person named above	
Purpose for which this record will be used (e.g. family history project; biography; dissertation, etc.)		
Your Name	Signature	
Address		
City	State	Zip Code
Daytime Telephone No.	E-mail Address	