



Place of Birth (Town, State, or Foreign Country)

---

Father's Name

---

Mother's Name

---

If Married, Spouse's Name

---

PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL  
IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED  
BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED CERTIFIED COPIES OF  
DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE  
DECEDENT TO COMPLY WITH THE PROVISIONS OF PA 97-7.

---

**Person Making this Request:**

Name:

---

First Middle Last Name

Address:

---

Number Street

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code:  
\_\_\_\_\_

Signature: X

---

---

THE LEGAL FEE IS \$20.00 PER COPY

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

FEE: \$20.00 PER COPY MADE PAYABLE TO THE  
TOWN OF PROSPECT, TOWN CLERK  
MAIL THIS REQUEST WITH PAYMENT TO  
THE PROSPECT TOWN CLERK  
TOWN HALL  
36 CENTER STREET  
PROSPECT, CT 06712

Please include a self-addressed, stamped envelope