DEATH CERTIFICATE REQUEST FORM

PHOTO I.D. REQUIREDFEE *FOR EACH COPY:*

PLEASE PRINT LEGIBLY ***$20.00*** *FOR FULL SIZE*

PART A - DEATH CERTIFICATE DATA

FULL NAME AT DEATH ☐ MALE ☐ FEMALE	DATE OF DEATH
TOWN OF DEATH	TOWN OF RESIDENCE
DECEASED A VETERAN?	

PART B - DATA & CERTIFICATION OF PERSON MAKING REQUEST

YOUR FULL NAME

FULL ADDRESS (number, street, city, state & zip code)

PLEASE SPECIFY IN WHAT CAPACITY YOU ARE MAKING THIS REQUEST

I am legally entitled to receive a copy of this death record because ***(please check one)***

☐ I am the informant on the death certificate

☐ I am a parent or was the legal guardian of the person whose death record I am requesting (written proof of guardianship required)

☐ I am a grandparent, spouse or child of the person to whom the record of death relates to

☐ I am a member of a legally incorporated Connecticut genealogy society (membership card required)
Social Security numbers are redacted

Ξ I am not a member of the deceased family and will not have access to the social security numbers

☐ I am an Attorney at Law ☐ I am a Conservator of the person ☐ I am the Director of Health

Photo identification must be shown in person, or sent with each mail request.

I, the undersigned, certify under the penalties of false statement, that all of the statements made on this request form are true and correct to the best of my knowledge and belief.

WRITTEN SIGNATURE OF PERSON MAKING REQUEST DATE

Office use only: ID Type ☐ Office ☐ Mail

Send mail requests to: Town Clerk, Town Hall, 36 CENTER STREET, PROSPECT, CT 06712