Rev. 11/27/07

REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Mail To:

TOWN & CITY CLERK
27 W. Main Street
New Britain, CT 06051
(860) 826-3344

PLEASE PRINT **NO PERSONAL CHECKS ACCEPTED**

DEATH CERTIFICATE OF:	**FULL NAME** First Middle Last	**SEX** ☐**M** ☐**F**	**DATE OF DEATH** (Or last known to be Alive)
PLACE OF DEATH (Town)	**DATE OF BIRTH** (Month/day/year)	**PLACE OF BIRTH** (Town, State of foreign country)	
FATHER'S NAME	**MOTHER'S NAME**	**IF MARRIED, SPOUSE'S NAME**	

IN ACCORDANCE WITH FEDERAL LAW 42 U.S.C. SS 405(c)(2)(c) - DISCLOSURE OF SOCIAL SECURITY NUMBERS, FOR RECORDS GENERATED AFTER 10/1/1990, ARE RESTRICTED TO ONLY THOSE INDIVIDUALS AUTHORIZED BY LAW.

PERSON MAKING THIS REQUEST:

NOTE: MAIL THIS COMPLETED APPLICATION, MONEY ORDER AND A COPY OF YOUR IDENTIFICATION TO THE ADDRESS ABOVE

NAME: _____
FIRST MIDDLE LAST

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

SIGNATURE: **X** _____

THE LEGAL FEE IS $10.00 PER COPY:

NUMBER OF COPIES WANTED _____ AMOUNT ENCLOSED: $ _____

MONEY ORDER MADE PAYABLE TO: TOWN & CITY CLERK