

REQUEST FOR COPY OF DEATH CERTIFICATE

REVISED: 07/25/2013

DATE: _____

PLEASE PRINT

FULL NAME OF DECEASED: _____
(FIRST) (MIDDLE) (LAST)
DATE OF DEATH: ____/____/____ TOWN OF DEATH: _____
Mo. DAY Yr.
DATE OF BIRTH: ____/____/____ PLACE OF BIRTH: _____
Mo. DAY Yr.
FATHERS NAME: _____ MOTHER'S NAME: _____

PLEASE NOTE: In accordance with C.G.S. #7-51A, for deaths occurring on or after July 1, 1997, only the surviving spouse or next of kin may obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, others than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.

PERSON MAKING THIS REQUEST:

NAME: _____
(FIRST) (MIDDLE) (LAST)
ADDRESS: _____
(NUMBER) (STREET)
TOWN/CITY _____ STATE _____ ZIP CODE _____
RELATIONSHIP TO DECEASED: _____ REASON FOR THE REQUEST: _____
(SPOUSE, SON/DAUGHTER, ETC.)
SIGNATURE: _____
TELEPHONE: _____ - _____ - _____ EMAIL ADDRESS: _____

FULL SIZE - \$20.00 EA. _____ X \$20.00 = \$ _____
OF COPIES

PLEASE DO NOT MAIL CASH

MAKE CHECKS PAYABLE TO: **EAST HAMPTON TOWN CLERK**Attach of copy of the **requester's** valid government issued photo id or passport or two (2) forms of the following:

- Social Security card
- Written verification of identity from employer
- Automobile registration
- Copy of utility bill showing name and address
- Voter's Registration Card

Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town the event occurred. Refer to our website at www.ct.gov/dph for town contact information.

PLEASE MAIL THIS REQUEST FORM ALONG WITH A CHECK OR MONEY ORDER TO:

1 COMMUNITY DRIVE

EAST HAMPTON, CT 06424

PLEASE CALL (860) 267-2519 IF YOU HAVE ANY QUESTIONS