

REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

Revised: 10/2010

PLEASE PRINT**DO NOT MAIL CASH**

DEATH CERTIFICATE OF:	FULL NAME FIRST MIDDLE LAST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF DEATH
	PLACE OF DEATH (TOWN)	DATE OF BIRTH (MONTH/DAY/YEAR)	PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)
	FATHER'S NAME	MOTHER'S NAME	IF MARRIED, SPOUSE'S NAME

Please note: In accordance with CGS 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 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, other 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 (Requester must be 18 years of age or older):NAME: _____
FIRST MIDDLE LAST NAMEADDRESS: _____
STREET

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

TELEPHONE NO.: _____ E-MAIL ADDRESS (optional): _____

RELATIONSHIP TO DECEASED: _____

SIGNATURE: **X** _____**THE FEE IS \$20.00 PER CERTIFIED COPY.**

NUMBER OF COPIES REQUESTED: _____ AMOUNT ENCLOSED: \$ _____

FEE: \$20.00 PER CERTIFIED COPY. MONEY ORDER OR CHECK MADE PAYABLE TO THE TOWN OF WESTPORT

Mail to: Town Clerk's Office; Westport Town Hall, 110 Myrtle Avenue, Westport CT 06880