



REQUEST FOR COPY OF DEATH CERTIFICATE

DATE OF REQUEST:

PLEASE PRINT OUT THE NAME OF THE DECEASED PERSON BELOW

LAST NAME:

FIRST NAME:

MIDDLE NAME:

MALE/FEMALE:

DATE OF DEATH:

PLACE OF DEATH:

DATE OF BIRTH:

PLACE OF BIRTH:

FATHER'S NAME:

MOTHER'S NAME:

SPOUSE'S NAME:

IN ACCORDANCE WITH C.G.S. §7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THIS REQUEST:

NAME:

ADDRESS:

TOWN/CITY:

STATE/ZIP:

SIGNATURE:

NUMBER OF COPIES REQUESTED:

**EFFECTIVE OCTOBER 1, 2009
THE LEGAL FEE IS \$20.00 PER CERTIFIED COPY**

**Mail this request with payment to:
Stratford Town Clerk
2725 Main Street
Stratford, CT 06615**