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	I (Town)	DA	TE OF BIRTH (Month/day/year)		E OF BIR country)	TH (Town, State of
FATHER'S NAME		MO	OTHER'S NAME	2	IF MA	RRIED, S	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	Ν	MIDDLE	LAST
ADDRESS:	NUMBER			
TOWN/CITY:			STATE:	ZIP CODE:
RELATIONSHIP TO	PERSON NAMED IN CER	TIFICATE:		
SIGNATURE: X				
THE LEGAL FEE I	S \$20.00 PER COPY:			
NUMBER OF COPIE	ES WANTED	P	AMOUNT ENCLOSED: \$	

MONEY ORDER MADE PAYABLE TO: TOWN & CITY CLERK