

REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Please Print

DO NOT MAIL CASH

Death Certificate of:	<u>Full Name of Deceased:</u> First Middle Last		SEX: M F	<u>Date of Death</u> (Month/Day/Year)
	<u>Town of Death:</u>		<u>Date of Birth:</u> (Month/Day/Year)	
	<u>Father's Name:</u>		<u>Mother's Name:</u>	
				<u>Place of Birth:</u> (Town, State or Foreign Country)
				<u>If Married, Spouse's Name</u>

PLEASE NOTE: In accordance 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 requester must provide photo ID and establish relationship with official documentation (i.e. vital record.) 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 that 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: _____

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No: _____ **E-mail Address (optional):** _____

Relationship to Deceased: _____

Signature: _____

The fee for a copy of Death Certificate: \$20.00

Number of Copies Requested: _____ **Amount Enclosed: \$** _____

Please send this request with a check or money order made payable to the *Town of Windsor*.

Mail this form, a photocopy of your I.D., and, if needed, proof of relationship to: Town Clerk's Office, 275 Broad Street, Windsor CT 06095. **Please also include a self-addressed stamped envelope.**