REQUEST FOR DEATH CERTIFICATE

Fee: $20.00/copy cash or check made payable to “Town of South Windsor”

____ # Certified Copies

PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address. §19a-41-2

I am requesting the death certificate of:

Full Name of Deceased ________________________________ (first/middle/last)

Sex: ☐ Male ☐ Female

Date of Death ______________________ (month/day/year)

Place of Death (Town, State) ______________________________

Date of Birth ______________________ (month/day/year)

If Married, Spouse’s Name ________________________________ (first/middle/last)

*Death records as of 7/1/1997 restricted as to social security number.

I declare

☐ I am a party listed on the death certificate as follows:
  Relationship _______________________

☐ I am an immediate family member – surviving spouse, child by blood, sibling or parent.
  Relationship _______________________

☐ I am a CT incorporated or authorized genealogist.  (Must produce valid, signed card.)

☐ I am a person authorized by the Commissioner of the Dept. of Health & Chief Medical Examiner Rep.  (Signed letter on letterhead required.)

☐ Other ____________________________
  (Eff. 7/1/1997 – Redacting social security numbers to unauthorized person.)
  (C.G.S. §7-51a (a) & (c) – Eff. 1/1/2002 – Administrative section redacted if not authorized.)

Name of Applicant _______________________________________

Address of Applicant _______________________________________

SIGNATURE of Applicant _______________________________________

☐ When mailing this form to the South Windsor Town Clerk’s Office, please be sure to include the following items:
  ① Original Application Form
  ② Check or Money Order for total copies requested
  ③ Self Addressed Stamped Envelope
  ④ Legible photocopy of Photo I.D.

Office Use Only ☐

DATE: ___________________________  INITIALS: ___________________________

ID’s __________________________________  PAYMENT: ☐ CASH ☐ CHECK