Request for a Certified Copy of a ***Death Certificate***

PLEASE PRINT ***DO NOT MAIL CASH***

Full Name of Deceased: (First, Middle, Last)			**SEX** ☐ M ☐ F	**Date of Death**
Town of Death	**Date of Birth**	**If Married, Spouse's Name**		

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 with a current state/government issued ID*. 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 this 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 Name**

Address _____

Town/City_____ State_____ Zip Code _____

Telephone_____ E-mail Address _____

Relationship to Deceased: _____ Date _____

Signature: X _____

Please mail or come in person with this request with a check or money order payable to:
Farmington Town Clerk, One Monteith Drive, Farmington, CT 06032
Please include a stamped, self-addressed envelope along with payment.

The fee for a certified copy of a Death Certificate is $20.00 EACH

Number of Copies Requested: _____ Amount Enclosed: _____

***If you do not have a current state/government issued ID please see website ct.gov/dph for other acceptable ID's or call our office at 860-675-2380.**