

REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE**PERSON MAKING THIS REQUEST - PLEASE PRINT CLEARLY**

DATE OF REQUEST:

NAME:

MAILING ADDRESS:

TOWN/CITY:

STATE/ZIP:

TELEPHONE:

EMAIL ADDRESS:

NUMBER OF COPIES REQUESTED:

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:

Requestor's Signature:**Original Signature Required****THE LEGAL FEE IS \$20.00 PER CERTIFIED COPY, EFFECTIVE OCTOBER 1, 2009****MAKE CHECK OR MONEY ORDER PAYABLE TO: "TOWN OF STRATFORD"****MAIL THIS REQUEST FORM WITH PAYMENT AND PHOTO IDENTIFICATION**

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-WITHIN 60 DAYS, 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.

Effective: 1/1/2021