

**APPLICATION FOR DEATH CERTIFICATE**

(PLEASE PRINT CLEARLY)

**THIS IS A REQUEST FOR THE DEATH CERTIFICATE OF:**

FULL NAME \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

# OF COPIES REQUESTED \_\_\_\_\_ (\$20.00 EACH)

**I CERTIFY THAT THE PERSON NAMED IN THE CERTIFICATE REQUESTED IS:**

MY SPOUSE  CHILD  MY GRANDCHILD  MY PARENT

A PERSON I LEGALLY REPRESENT  OTHER \_\_\_\_\_

**INFORMATION OF PERSON MAKING THIS APPLICATION:**

PRINTED FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make sure all information is included to expedite your Death Certificate**

- Completed Application Form
- Copy of Valid Drivers License or Government Issued Photographic Identification
- Cash, money order or check made out to the Southbury Town Clerk
- Self Addressed Stamped Envelope

Mail Your Request to:

**Vital Statistics**

**501 Main Street South**

**Southbury, CT 06488**