



OFFICE OF THE CITY CLERK
Request for copy of DEATH CERTIFICATE

DEATH
\$20 PER COPY

PLEASE PRINT CLEARLY

DO NOT SEND CASH (IF MAILING THIS REQUEST)

DEATH CERTIFICATE OF:	FULL NAME FIRST MIDDLE LAST	GENDER <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF DEATH (OR LAST KNOW TO BE ALIVE)
	PLACE OF DEATH (TOWN)	DATE OF BIRTH	PLACE OF BIRTH
	FATHER'S NAME	MOTHER'S NAME	SPOUSE'S NAME (IF MARRIED)

PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF THE DECEDANT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED CERTIFIED COPIES OF DEATH CERTIFICATES THAT INCLUDE THE SOCIAL SECURITY NUMBER OF THE DECEDANT.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE DECEDANT TO COMPLY WITH THE PROVISIONS OF PA 97-7.

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ STATE _____ ZIP _____

PHONE _____

SIGNATURE: **x** _____

NUMBER COPIES WANTED: _____ AMOUNT ENCLOSED _____
(\$20 per copy)

ATTACH A COPY OF A PICTURE IDENTIFICATION OF PERSON MAKING REQUEST

MAIL THIS REQUEST WITH PAYMENT (CHECK OR MONEY ORDER – NO CASH) TO:

CITY OF WEST HAVEN CITY CLERK
355 MAIN STREET
WEST HAVEN CT 06516-4310

FOR ANY QUESTIONS, PLEASE CONTACT THE CITY CLERK'S OFFICE AT 203-937-3535