REQUEST FOR COPY OF DEATH CERTIFICATE

PLEASE PRINT

DO NOT MAIL CASH

Full Name of Deceased: (First, Middle, Last)		SEX ☐ M ☐ F	Date of Death: (Month/Day/Year)
Town of Death:	Date of Birth: (Month/Day/Year):	Place of Birth (Town, State or Country):	
Father's Name:	Mother's Name:	If Married, Spouse's Name:	

Person Requesting the Death Certificate:

Name: _____
First Middle Last Name

Address: _____
Number Street Town/City State Zip Code

(____)_____ _____ **Relationship to Deceased*** _____
Telephone No. E-mail address (optional)

_____ **Signature:** _____
Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)

* **Note**: Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director and 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. All other requesters will receive a certified copy without the decedent's Social Security number.

One Time Fee Waiver for a copy of a Veteran's Death Certificate:

Effective 10/1/2011, CT Law (C.G.S. §7-74 (c)) allows the **spouse, child or parent** of a deceased veteran to obtain one (1) free copy of the deceased's death certificate **provided the requester presents a copy of their valid photo ID and proof of their relationship to the deceased**. Examples of proof of relationship include a marriage certificate for a spouse, one's own birth certificate if a child of the deceased, or the deceased's birth certificate, if a parent of the deceased.

Are you requesting the one time waiver of the $20.00 fee and providing the required documentation? No: _____ Yes: _____
The fee will be waived only if the request includes the required ID, proof of relationship to the veteran, **and if the veteran status is** indicated on the death certificate.

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

# of Copies Requested _____ Amount Enclosed $_____

Please mail this request with a check or money order made payable to: Town Clerk, Woodbury. Mail request to: Town Clerk, Woodbury, 281 Main Street South, Woodbury, CT 06798. Please include a copy of your photo ID.

For town contact information, refer to the Town Vital Records Directory on the Department of Public Health's Vital Records website at www.ct.gov/dph.com.