



CROMWELL TOWN CLERK
41 WEST STREET
CROMWELL, CT 06416
860-632-3440

REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE

Full Name of Deceased _____ Sex M ☐ F ☐
First Middle Last
Date of Death _____ City/Town Where Death Occurred _____
Date of Birth _____ Town & State (or Country) of Birth _____
Father's Name _____ Mother's Maiden Name _____
If Married, Spouse's Name _____

Name of Person Making This Request: _____

Address: _____

Town/City: _____ State: _____ Zip: _____

Telephone No: _____ Email Address: _____

Signature: X _____

Relationship to Person Named in Certificate*: _____

PLEASE NOTE: *In Accordance with 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. The requester must provide photo ID and establish relationship with official documentation (ie; vital record) 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 that 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.

Photo ID MUST be presented by those authorized to obtain certified copy with Social Security numbers.

- The fee for a certified copy is \$20 per copy
- Forms of payment accepted are: Cash, Money Order or Check made payable to CROMWELL TOWN CLERK
- If requesting through the mail, please send this Completed Request along with Payment and a legible **copy of Photo ID** to address listed above.

Number of Copies Requested ___ x \$20 per copy Amount Enclosed \$ _____