

# REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Hamden Town Clerk  
2750 Dixwell Avenue  
Hamden, CT 06518  
(203) 287-7028

PLEASE PRINT

<b>DEATH CERTIFICATE OF:</b>	Full Name	<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF DEATH</b>
	Address:		

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, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN AND TOWN CLERK, 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 AND/OR AN "ADMINISTRATIVE USE ONLY" SECTION OF THE CERTIFICATE FOR DEATHS OCCURRING AFTER DECEMBER 31, 2001. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

**PERSON MAKING THE REQUEST:**      **(COPY OF PHOTO I.D. MUST BE INCLUDED)**

NAME:		PHONE #:
ADDRESS:		
TOWN/CITY:	STATE:	ZIP CODE:

**RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:** \_\_\_\_\_

**I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE  
INFORMATION IS TRUE AND CORRECT.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THE FEE IS \$20.00 PER COPY:**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ENCLOSED: \$ \_\_\_\_\_

**PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.**

**MAKE CHECK OR MONEY ORDER OUT TO: HAMDEN TOWN CLERK  
NO PERSONAL OUT-OF-STATE CHECKS WILL BE ACCEPTED**