

REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

BRHamden Town Clerk
2750 Dixwell Avenue
Hamden, CT 06518
(203) 287-7112

PLEASE PRINT

DEATH CERTIFICATE OF:	Full Name	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF DEATH
	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:		
ADDRESS:		
TOWN/CITY:	STATE:	ZIP CODE:

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

<u>I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.</u>	
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: <u>HAMDEN TOWN CLERK</u>
<u>NO PERSONAL OUT-OF-STATE CHECKS WILL BE ACCEPTED</u>

