

Date of Request _____

REQUEST FOR COPY OF DEATH CERTIFICATE

PLEASE PRINT

FULL NAME OF DECEDENT: _____
FIRST MIDDLE LAST

DATE OF DEATH: _____ PLACE OF DEATH: _____

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

SIGNATURE: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE (either surviving spouse or immediate family member ie. mother, father, brother, sister, or child):

REASON FOR MAKING REQUEST: _____

FEE

\$20.00 money order/check made payable to the Stonington Town Clerk
Mail Request to: Town Clerk's Office, 152 Elm St., Stonington, CT 06378

ATTACH A COPY OF PICTURE IDENTIFICATION (ie. copy of valid driver's license) & COPY OF REQUESTORS BIRTH CERTIFICATE IF NOT NAMED IN DEATH CERTIFICATE.

Daytime phone number: _____

or

Email address: _____