

MIDDLETOWN HEALTH DEPARTMENT

Vital Statistics

245 deKoven Drive
Middletown, CT 06457
860-638-4960



REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

PLEASE PRINT

Today's Date _____

Full Name of Deceased: (First, Middle, Last)		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 Making This Request:

Name: _____
First Middle Last

Address: _____
Street Town/City State Zip

(_____) _____ E-Mail Address: _____
Telephone Number

Signature: **X** _____ Relationship to Deceased: * _____

* 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.

If eligible, do you want the decedent's Social Security number on the copy of the certificate? No Yes*

*If "Yes," the spouse or next of kin must submit a copy of their ID or proof of relationship to the deceased. **Requests submitted without ID and proof of relationship will not be processed and will be returned.**

One Time Fee Waiver For A Copy Of A Veteran's Death: 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 government issued photo I.D. 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 fee and enclosing required documentation? No Yes

The fee will be waived only if the request includes the required valid ID, proof of relationship to the veteran, and if the veteran status is indicated on the death certificate.

For mail requests send completed request form to the above address along with a self-addressed, stamped envelope, payment, and any proof of relationship required as explained above.

The fee for a certified copy of a Death Certificate is \$20 per copy.

Forms of payment accepted: cash, check or money order made payable to: **Middletown Health Department.**

of Copies Requested: _____ Amount Enclosed: \$ _____ Fee Waiver Request: _____