



TOWN OF DURHAM
Registrar of Vital Statistics
P. O. Box 428 Durham, CT 06422

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Indicate # of copies: _____ **Certified Copy** (FEE PER COPY \$20.00)

I am applying for the DEATH CERTIFICATE of:

FULL NAME: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

IF MARRIED, SPOUSE'S NAME: _____

SEX Male Female

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, TOWN CLERK, OR REGISTRAR, 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. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

Signature: _____ **Date** _____



When mailing this form to the Durham Town Clerk's office please be sure to include the following items:

1. Original Application Form
2. Check or money order for \$20.00 per copy made payable to: "Durham Town Clerk"
3. Self Addressed Stamped Envelope
4. On Line Ordering also available by contacting: www.townofdurhamct.org

For office Use Only:

Date: _____ Initials: _____

ID's: _____