

REQUEST FOR COPY OF DEATH CERTIFICATE

**CITY/TOWN CLERK
P O BOX 364
SHELTON, CT 06484**

I AM APPLYING FOR THE DEATH CERTIFICATE OF:

| |
|--|
| <u>FULL NAME:</u> |
| <u>DATE OF DEATH:</u> |
| <u>PLACE OF DEATH:</u> |
| <u>FATHER'S NAME:</u> |
| <u>MOTHER'S NAME</u> |
| <u>IF MARRIED, SPOUSE'S NAME:</u> |

LEGAL FEE: \$20.00
REQUESTED____
(Cash or Money Order)
PAYABLE TO CITY OF SHELTON
PLEASE INCLUDE A SELF-
ADDRESSED
STAMPED ENVELOPE.

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THIS REQUEST

- 1. Photo identification (drivers license, etc.).

PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVISUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED (I-CERTIFIED COPIES OF DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE DECEDENT TO COMPLY WITH PROVISIONS OF PA 97-7.

Please Note: All of the above requirements are mandated by State Statutes.

| |
|--|
| <u>Your Name:</u> |
| <u>Address:</u> |
| <u>Phone #</u> |
| <u>Purpose for requesting this certificate:</u> |

I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

Signature: _____

Date: _____