



Town of Clinton
 Registrar of Vital Statistics
 54 East Main Street
 Clinton, Connecticut 06413
 (860) 669-9101

APPLICATION FOR DEATH CERTIFICATE

Please make Check or Money Order payable to the **Clinton Town Clerk**

CURRENT PHOTO IDENTIFICATION OF APPLICANT IS REQUIRED

\$20.00 per certified copy

I am applying for the death certificate of:

Full Name of Deceased _____
(first/middle/last)

Date of Death _____
(month/day/year)

Place of Birth _____
(state or country)

Father's Name _____

Mother's Name _____

I declare this is...

- My parent's death certificate
- My grandparent's death certificate
- My spouse's death certificate
- My child's death certificate
- Other _____

*(C.G.S. §19a-25; 7-51a; 7-44
 as amended by P.A. 01-163)*

Name of Applicant _____

SIGNATURE of Applicant _____

Address of Applicant _____

Telephone _____



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

- ① Original Application Form
- ② Cash, Check or Money Order
- ③ Self Addressed Stamped Envelope
- ④ Photocopy of Current Photo I.D.

Note: Per CT law (C.G.S. 7-51A) for deaths occurring on or after July 1, 1997, only the Funeral Director, 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.

Date _____