

REQUEST FOR COPY OF DEATH CERTIFICATE

PLEASE PRINT

DO NOT MAIL CASH

NAME of Decedent	(Full Name)			
	----- First	Middle	Last	
	DATE OF DEATH (Month/Day/Year)	PLACE OF DEATH (Town of Occurrence)	DATE OF BIRTH (Month/Day/Year)	PLACE OF BIRTH (State or Country)
FATHER	(Full Name)			
	----- First	Middle	Last	
	DATE OF BIRTH (Month/Day/Year)		PLACE OF BIRTH (State or Country)	
MOTHER MAIDEN NAME	(Full Name)			
	----- First	Middle	Last (Maiden Name)	
	DATE OF BIRTH (Month/Day/Year)		PLACE OF BIRTH (State or Country)	

PLEASE NOTE: Attach a legible copy of your current photo identification to this request form.

Only those appearing on the Death Certificate shall receive a certified copy of such certificate including the Social Security Number. All other certified copies will mask the Social Security Number.

PERSON MAKING THE REQUEST:

NAME: _____
First Middle Last

ADDRESS: _____
Number Street

TOWN/CITY: _____ STATE & ZIP CODE: _____

SIGNATURE: X _____ Relationship: _____

The legal fee is \$20.00 per copy.

Number of copies requested: _____ Amount enclosed: \$ _____

Please make check or money order payable to the Town of Simsbury.

Mail this request with a legible copy of your photo ID and payment to
Town Clerk, P.O. Box 495, Simsbury, CT 06070.

For other Town Clerk addresses, please call (860) 509-7897