

CHESHIRE TOWN CLERK
84 SOUTH MAIN STREET
CHESHIRE, CT 06410



TODAY'S DATE:

____/____/20__

REQUEST FOR DEATH CERTIFICATE

PLEASE PRINT CLEARLY

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____ TOWN OF DEATH: _____

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN, STATE, ZIP: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: _____

CERTIFIED CERTIFICATE: LEGAL FEE \$20.00 PER COPY

_____ COPIES

\$ _____ AMOUNT ATTACHED

I. Acceptable Forms of ID

To purchase a copy of a Death Certificate you need one of the following:

- Current Valid Drivers License
- Current Non-Driver ID from DMV
- Current Passport
- Current Valid Military

OR two of the following:

- Social Security Card
- Medical Insurance Card
- Voter's Registration Card
- Car Registration (name, address)
- Current utility bill (name, address)

II. For Mail Requests Only

Please mail this completed request form with the following requirements:

- Completed form
- Copy of acceptable ID (see part I.)
- Check or money order payable to:
Cheshire Town Clerk
- Please provide phone number below.

Phone: () _____

Email: _____
(optional)

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.