



TOWN CLERK'S OFFICE
50 South Main Street, Room 313
West Hartford, CT 06107
(860) 561-7430

APPLICATION FOR COPY OF DEATH CERTIFICATE

DEATH CERTIFICATE INFORMATION

Number of copies: _____ *Legal fee for each certified copy is \$20.00*

Full name of deceased: _____

Date of death: _____ Place of death (town): _____

Date of birth: _____ Place of birth (town): _____

Father's name: _____

Mother's full maiden name: _____

PERSON MAKING THIS REQUEST

Name: _____

Address: _____

Telephone number: _____

E-mail address: _____

Relationship to deceased: _____

Signature _____ Date: _____

When mailing this form to the Town of West Hartford Clerk's Office, please include all of the following items:

- Original Application Form
- Photocopy of Current Photo ID
- Check or Money Order for the total amount of copies requested
- Self-Addressed Stamped Envelope

Please note: THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED 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 THE PROVISION OF PA 97-7