



PUTNAM MUNICIPAL COMPLEX
TOWN CLERK
200 School Street
Putnam, CT 06260
(860) 963-6807



REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE FROM THE TOWN

All issued Death Certificates are certified with a raised seal.

PLEASE PRINT		
Full Name of Deceased: (First, Middle, Last):		Date of Death: (Month/Day/Year):
Town of Death:	Date of Birth (Month/Day/Year):	Place of Birth (Town, State or Country):
Father's Name:	Mother's Name:	If Married, Spouse's Name:

Person Requesting the Death Certificate:

Name: _____
 First Middle Last Name

Address _____
 Number Street Town/City State Zip Code

(_____) _____ **Relationship To Deceased: *** _____
Telephone No. E-Mail Address (optional)

Signature: X _____

Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)

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

If eligible, do you want the decedent's Social Security number on the copy of the certificate? No: ___ Yes: ___
If "Yes," there is no need for the spouse or next of kin to submit a copy of their ID or proof of relationship to the deceased.

The fee for the certified copy of a Death Certificate from the Town is \$ 20.00 per copy. Personal checks are not accepted. Cash is accepted in the office as well as credit cards with an additional \$2.00 credit card processing fee.

of Copies Requested: _____ x 20.00 = Amount Enclosed: \$ _____

When mailing this request to the Putnam Town Clerk's Office, include the following items:

1. Original application form
2. Money order for total copies requested
3. Self-Addressed Stamped Envelope
4. Photocopy of Current Photo I.D.