

TOWN CLERK'S OFFICE
50 South Main Street
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 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

West Hartford, CT
50 South Main Street
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www.westhartford.com