



**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, payable to the Town of West Hartford
- 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**