



TOWN OF WATERTOWN, CONNECTICUT

Request for a Certified Copy of a Death Certificate

Full Name of Deceased: **PLEASE PRINT**

First: _____ Middle: _____ Last: _____ Sex: _____

Date of Death: _____ Town of Death: _____

Date of Birth: _____ Place of Birth: _____

Father's Name: _____ Mother's Name: _____

If Married, Spouse's Name: _____

PLEASE NOTE: In accordance with CGS 7-51A, for deaths occurring on or after July 1, 1997, **only 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. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, other than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.

Please provide a copy of a government-issued identification such as a driver's license or passport to prove identity.*

Death Certificates are located in the town of occurrence and the town of residence at the time of the death.

PERSON MAKING THIS REQUEST:

Name: _____
(First, Middle, Last)

Address: _____
(Number, Street)

Town/City: _____ State: _____ Zip Code: _____

Relationship to Deceased: _____ Telephone: _____ Email: _____
(Optional)

Signature: _____ Date: _____

The fee for a certified copy of a Death Certificate is \$20.00 per copy

Forms of payment accepted for in-person transaction: cash, personal check, money order, credit/debit card

Forms of payment accepted for mail in transaction: personal check, money order *please include self-addressed, stamped envelope*
(if paying by check please make payable to WATERTOWN TOWN CLERK)

Number of Copies Requested: _____ Amount Enclosed/Paid: \$ _____

**Please make sure to mail/or bring this completed request form with the following requirements to:
WATERTOWN TOWN CLERK, 61 Echo Lake Rd., Watertown, CT 06795:**

Requester's current government issued photo ID or passport (copy if mailing)

*Or two forms of the following:

Social Security card, written verification of identity from employer, automobile registration, copy of utility bill showing name and address, voter registration card