

**APPLICATION FOR DEATH CERTIFICATE**  
(Please Print Clearly)

**THIS IS A REQUEST FOR THE DEATH CERTIFICATE OF:**

Decedents Full Name: \_\_\_\_\_ # of Copies \_\_\_\_\_

Date of Death: \_\_\_\_\_ (\$5.00 Each, Cash or Money Order) Amount Enclosed: \_\_\_\_\_

**I CERTIFY THAT THE PERSON NAMED IN THE CERTIFICATE REQUESTED IS:**

- My Spouse       My Parent       My Grandparent       My Child  
 A Person I legally Represent       Other: \_\_\_\_\_

**INFORMATION ON PERSON MAKING THIS APPLICATION:**

Printed Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Before mailing your request for a Death Certificate, please be sure all of the following items are included so we can expedite your request upon receipt:**

- Completed Application Form (with all fields filled in and legible)
- Copy of Drivers License or Picture Identification with Birth Date
- Money Order or Cash for the correct amount (No Personal Checks)
- Self Addressed, Stamped Envelope

**Mail your completed request to:** Vital Statistics, 235 Grand Street, Waterbury CT 06702