

CHESHIRE TOWN CLERK
84 SOUTH MAIN STREET
CHESHIRE, CT 06410

TODAY'S DATE:
____/____/20____

REQUEST FOR DEATH CERTIFICATE
PLEASE PRINT CLEARLY

FULL NAME OF DECEASED: _____

DATE OF DEATH: _____ TOWN OF DEATH: _____

PERSON MAKING THIS REQUEST:

NAME: _____

ADDRESS: _____

TOWN, STATE, ZIP: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE _____

SIGNATURE: (ink) _____

CERTIFIED CERTIFICATE: LEGAL FEE \$20.00 PER COPY

_____ COPIES \$ _____ AMOUNT ATTACHED

I. Acceptable Forms of ID	II. For Mail Requests Only
<p>To purchase a copy of a Death Certificate you need <u>one</u> of the following:</p> <ul style="list-style-type: none">Current Valid Drivers LicenseCurrent Non-Driver ID from DMVCurrent PassportCurrent Valid Military <p>OR <u>two</u> of the following:</p> <ul style="list-style-type: none">Social Security CardMedical Insurance CardVoter's Registration CardCar Registration (name, address)Current utility bill (name, address)	<p>Please mail this completed request form with the following requirements:</p> <ul style="list-style-type: none">Completed form<u>Copy</u> of acceptable ID (see part I.)Check or money order payable to: Cheshire Town ClerkPlease provide phone number below. <p>Phone: () _____</p> <p>Email: _____ (optional)</p>

In accordance with C.G.S. 7-51a, for any death occurring after July 1, 1997, **only the parties specified on the Death Certificate, such as informant, licensed Funeral Director, licensed Embalmer, Conservator, Surviving Spouse, Physician, Town Clerk or Registrar** or other persons as authorized by the Department of Public Health, shall be issued a Certified Copy of a Death Certificate containing the Social Security number of the Decedent. All other requesters will receive a certified copy of the Death Certificate without the Social Security number.

If eligible, do you want the decedent's Social Security number on the copy of the certificate?
(if Yes, you must provide proof of eligibility) No: _____ Yes: _____