

**Request for Copy of Death Certificate**

*Please Print*

*Do Not Mail Cash*

**Death Certificate of:**

FULL NAME: \_\_\_\_\_  
                                    First                                    Middle                                    Last

Sex: Male \_\_\_\_ Female \_\_\_\_

Date of Death (or last known to be alive): \_\_\_\_\_

Place of Death (Town): \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_\_

Place of Birth (Town, State, or Foreign Country):  
\_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

If Married, Spouse's Name: \_\_\_\_\_

**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 PROVISIONS OF PA 97-7.**

\_\_\_\_\_

**Person Making this Request:**

Name: \_\_\_\_\_  
                    First                    Middle                    Last Name

Address: \_\_\_\_\_  
                    Number                    Street

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**THE LEGAL FEE IS \$10.00 PER COPY**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

**FEE: \$10.00 PER COPY**  
**MADE PAYABLE TO THE TOWN OF PROSPECT, TOWN CLERK**  
MAIL THIS REQUEST WITH PAYMENT TO  
THE PROSPECT TOWN CLERK  
TOWN HALL  
36 CENTER STREET  
PROSPECT, CT 06712

*PLEASE INCLUDE A SELF ADDRESSED, STAMPED ENVELOPE*