

Registrar of Vital Statistics
 165 Church Street
 New Haven, CT 06510 USA
 (203) 946-7931

Application for Copy of Death Certificate
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Number of Certified Copies: _____

Legal Fee: \$20.00 each

Today's Date: _____

Methods of Payment: If In-Person, we accept Cash or Money Order Only.

Full Name of Deceased		
	(First Name)	(Last Name)
Date of Death		
	(Month)	(Day)
Town of Death		
Name of Applicant <small>(Person making the request)</small>		
Address of Applicant		
City, State & Zip		
Relationship to Deceased, if any		

I. Acceptable Forms of ID	II: For Mail Requests Only
<p>To purchase a copy of a Death Certificate you would need <u>one</u> of the following listed below:</p> <ul style="list-style-type: none"> ▪ Current Valid Drivers License ▪ Current Non-Driver ID issued by DMV ▪ Current Passport ▪ Current Valid Military <p>OR <u>two</u> (2) forms of the following:</p> <ul style="list-style-type: none"> ▪ Social Security Card ▪ Medical Insurance Card ▪ Current utility bill showing name and address ▪ Voter's Registration Card ▪ Car Registration showing your name and address 	<p>Please make sure to mail the completed request with the following requirements:</p> <ul style="list-style-type: none"> ▪ Form completed ▪ <u>Copy</u> of Acceptable Form(s) of ID. Please refer to Part I. ▪ Money Order made payable to Vital Records. (Please do <u>not</u> mail Cash. Personal Checks are <u>not</u> accepted.) ▪ Please provide Phone Number below. <p>Phone #: (_____) _____</p>

**WE DO NOT ACCEPT EXPIRED ID.
 PERSONAL CHECKS ARE NOT ACCEPTED.**