

Application for Copy of Death Certificate

Registrar of Vital Statistics
165 Church Street
New Haven, CT 06510 USA

Number of Copies: _____

Legal Fee: \$20.00 each
Certified Copy

Date Issued: _____

Full Name of Deceased			
	(First Name)		(Last Name)
Date of Death			
	(Month)	(Day)	(Year)
Place of Death			
	(Town)		
Name of Applicant			
Address of Applicant			
City, State & Zip			

WE DO NOT ACCEPT EXPIRED ID OF ANY KIND

Acceptable Forms of **Photo** Identification

❖ Current Valid Drivers License	❖
❖ Passport	❖
❖ Current Non-driver Id issued by DMV	❖
❖ Current Valid Military ID	❖
❖	❖
❖	❖

Payment Methods: Money Order or Cash
No Personal Checks Accepted