

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)	(Year)
Town of Death		
Name of Applicant (Person making the request)		
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.**