Request for a Certified Copy of a Death Certificate from the City of Danbury

PLEASE PRINT

DO NOT MAIL CASH

	Full Name of Deceased:		SEX Date of Death
Death	First Middle	Last	M (Month/Day/Yr):
Certificate of:			
01.	Town of Death:	Date of Birth (Month/Da	ny/Yr): Place of Birth (Town, State or Foreign
			Country):
	Father's Name:	Mother's Name:	If Married, Spouse's Name:
PLEASE NOTE: In accordance C.G.S. §7-51A, for deaths occurring on or after July 1, 1997, only the surviving spouse or next of kin may obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, others than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.			
PERSON MAKING THIS REQUEST:			
Name:			
	First	Middle	Last Name
Address:	Number		
	Number	Street	
Town/City: _		State:	Zip Code :
Telephone No.: E-Mail Address (optional):			
Relationship To Deceased:			
Signature: X			
The fee for a copy of a Death Certificate is \$ 20.00 per copy. Do not mail cash.			
Number of C	Copies Requested:	Amount Enc	losed: \$
Please send this request with a <u>Check or Postal Money Order</u> made payable to:			
City of Danbury			
Mail this request to: Town Clerk's Office City of Danbury 155 Deer Hill Avenue Danbury, CT 06810			