



## STRATFORD TOWN CLERK'S OFFICE

2725 Main Street  
Stratford, CT 06615  
203-385-4020

# Request for Certified Copy of Death Certificate

### DEATH CERTIFICATE INFORMATION:

Number of Copies Requested: \_\_\_\_\_

**Legal fee for each certified copy is \$20.00**

Full name of the deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Place of death (town): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth (town): \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's full maiden name: \_\_\_\_\_

### PERSON MAKING THIS REQUEST:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Relationship to deceased: \_\_\_\_\_

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

*Original Signature Required*

### **When mailing this form to the Town of Stratford, please be sure to include the following items:**

- Original Application Form
- Photocopy of Current Photo ID
- Check or Money Order for the total copies requested payable to the Town of Stratford
- Self-addressed stamped envelope

*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 provision of PA 97-7.*