

**CITY OF NEW LONDON, CONNECTICUT
REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE**

PLEASE PRINT * DO NOT MAIL CASH *****

DEATH CERTIFICATE FOR:		
FULL NAME: _____		
FIRST	MIDDLE	LAST NAME
DATE OF DEATH: _____ <small>OR LAST KNOWN TO BE ALIVE</small>	PLACE OF DEATH: _____ <small>CITY/TOWN</small>	
DATE OF BIRTH: _____	PLACE OF BIRTH: _____	
FATHER'S NAME _____	MOTHER'S NAME _____	

PLEASE NOTE: IN ACCORDANCE WITH C.G.S. §7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, CITY/TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER

PERSON MAKING THIS REQUEST:

FIRST MIDDLE LAST

ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

DAYTIME TELEPHONE #: _____ EMAIL: _____

RELATION TO PERSON NAMED IN CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

SIGNATURE:

X _____ DATE: _____

NUMBER OF CERTIFIED COPIES: _____

REQUESTER MUST ATTACH A COPY OF PICTURE IDENTIFICATION

FEE: \$20.00 EACH AND INCLUDE A SELF ADDRESSED STAMPED BUSINESS SIZE ENVELOPE. CHECK OR MONEY ORDER MADE PAYABLE TO NEW LONDON CITY CLERK. MAIL THIS REQUEST WITH PAYMENT AND IDENTIFICATION TO :

CITY CLERK, CITY OF NEW LONDON
181 STATE STREET
NEW LONDON, CT 06320

Revised 10/2009