TOWN OF EAST WINDSOR
Request for a Certified copy of Death Certificate

Please Print

Full Name of Deceased:

First: _____Middle: _____Last: _____

Sex: _____

Date of Death: _____

Town of Death: _____

Date of Birth: _____

Place of Birth: _____

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, on 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, other 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

Address: _____
Number Street

Town/City: _____ State:_____ Zip Code:_____

Telephone No.: _____ E-mail Address (optional): _____

Relationship to Deceased: _____

Signature: X_____ Date: _____

The fee for a certified copy of a Death Certificate is $20.00 per copy

Number of Copies Requested: _____ Amount Enclosed/Paid: $_____

Mail or bring in this request to Town Clerk, 11 Rye Street, Broad Brook, CT 06016.