## 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://///	PLACE OF DEATH:	CITY/TOWN	
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 SOCAL SECURITY NUMBER

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:

## **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