



**Town of South Windsor**  
 Registrar of Vital Statistics  
 1540 Sullivan Avenue  
 South Windsor, Connecticut 06074  
 (860) 644-2511

## REQUEST FOR DEATH CERTIFICATE

Fee: \$20.00/copy cash or check made payable to "Town of South Windsor"

\_\_\_\_\_ # Certified Copies

### PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address. §19a-41-2

I am requesting the death certificate of:

Full Name of Deceased \_\_\_\_\_  
 (first/middle/last)

Sex:  Male  Female

Date of Death \_\_\_\_\_  
 (month/day/year)

Place of Death (Town, State) \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_

If Married, Spouse's Name \_\_\_\_\_  
 (first/middle/last)

**\*Death records as of 7/1/1997 restricted  
 as to social security number.**

I declare

I am a party listed on the death certificate as follows:

Relationship \_\_\_\_\_

I am an immediate family member – surviving spouse, child by blood, sibling or parent.

Relationship \_\_\_\_\_

I am a CT incorporated or authorized genealogist. (Must produce valid, signed card.)

I am a person authorized by the Commissioner of the Dept. of Health & Chief Medical Examiner Rep. (Signed letter on letterhead required.)

Other \_\_\_\_\_  
 (Eff. 7/1/1997 – Redacting social security numbers to unauthorized person.)  
 (C.G.S. §7-51a (a) & (c) – Eff. 1/1/2002 – Administrative section redacted if not authorized.)

Name of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

**SIGNATURE** of Applicant \_\_\_\_\_

☒ *When mailing this form to the South Windsor Town Clerk's Office, please be sure to include the following items:*

- ① Original Application Form
- ② Check or Money Order for total copies requested
- ③ Self Addressed Stamped Envelope
- ④ Legible photocopy of Photo I.D.

### Office Use Only ↴

DATE: _____	INITIALS: _____
ID's _____	PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK