



**Town of East Hartford**  
**Registrar of Vital Statistics**  
740 Main Street  
East Hartford, CT 06108  
(860) 291-7230

## APPLICATION FOR DEATH CERTIFICATE

**Fee:** \$20.00 each. For checks and money orders, please make payable to "**East Hartford Town Clerk.**"

Number of certified copies requested: \_\_\_\_\_

### **VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION OF APPLICANT MAY BE REQUIRED**

**Photographic identification may be substituted with at least two of the following documents:** Social Security card, current automobile registration, copy of current utility bill showing name and address, active checking account deposit slip stating name and address, or any other valid government-issued ID.

### **I AM APPLYING FOR THE DEATH CERTIFICATE OF...**

Full Name: \_\_\_\_\_  
*(first/middle/last)*

Place of Death: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
*(town in CT) (mm/dd/yyyy)*

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*(state or foreign country) (mm/dd/yyyy)*

Town of Residence at Time of Death: \_\_\_\_\_  
*(town/state)*

### **I DECLARE THAT I AM...**

- The Informant listed on the death certificate (ID required)
- Next of kin (ID + proof of kinship required); Relationship: \_\_\_\_\_
- The attorney representing the decedent's estate (ID + appropriate Probate documents required)
- A representative of the funeral home (ID required)
- None of the above, and I understand that the decedent's Social Security number will be redacted (No ID necessary)

**SIGNATURE** of Applicant: \_\_\_\_\_ Phone #: \_\_\_\_\_

**STREET ADDRESS** of Applicant: \_\_\_\_\_



**If requesting by mail, please include:** (1) completed application form, (2) check or money order, (3) self-addressed, stamped envelope, (4) legible copy of ID(s), if applicable. Then, mail to the address above.

### **FOR OFFICE USE ONLY**

Date certified copy issued: \_\_\_\_\_ Person issuing copy: \_\_\_\_\_

Form(s) of identification used: \_\_\_\_\_