



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 cash or check made payable to "*East Hartford Town Clerk.*" _____ # of Certified Copies
Death records as of 7/1/1997 restricted as to Social Security number.

VALID GOVERNMENT-ISSUED PHOTO IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by at least two of the following documents:
automobile registration, copy of utility bill showing name and address, 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 *(town/state)* _____ Date of Death *(mm/dd/yy)* _____

Place Of Birth *(town/state)* _____ Date of Birth *(mm/dd/yy)* _____

Town of Residence at Date of Death _____

I DECLARE THAT I AM:

- a party listed on the death certificate as _____ Relationship _____
- an immediate family member _____ Relationship _____
- an authorized CT genealogist. (Must produce valid, signed card.)
- a person authorized by the Dept. of Health & Chief Medical Examiner Rep. (Signed letter on letterhead required.)
- Other _____

SIGNATURE of Applicant _____ Phone # _____

ADDRESS of Applicant *(street/town/state)* _____



If requesting by mail, include: (1) Completed application form, (2) check or money order, (3) Self-addressed, stamped envelope, (4) legible copy of photo ID. Mail to the address above.

FOR OFFICE USE ONLY:

Date certified copy issued: _____ Person issuing copy: _____

Form(s) of identification used: _____