

REQUEST FOR DEATH CERTIFICATE

SHELTON CITY/TOWN CLERK
PO BOX 364
SHELTON, CT 06484

CERTIFIED COPY \$20.00 - CASH/CHECK/CREDIT CARD
(PAYABLE TO THE CITY OF SHELTON)

REQUESTED: _____

*Please include a self-addressed stamped envelope

I AM APPLYING FOR THE DEATH CERTIFICATE OF:

FULL NAME:

DATE OF DEATH:

PLACE OF DEATH:

FATHER'S NAME:

MOTHER'S NAME:

IF MARRIED, SPOUSE'S NAME:

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THIS REQUEST:

1. Photo identification (drivers license, etc.)

*** PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED (I-CERTIFIED COPIES OF DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT.**

ALL OTHER CERTIFIED COPIES WILL MASK SOCIAL SECURITY NUMBERS OF THE BRIDE AND GROOM TO COMPLY WITH THE PROVISSIONS OF PA 97-7.

PLEASE NOTE: All of the above requirements are mandated by State Statutes.

Your Name:

Address:

Phone #:

Purpose for requesting this certificate:

I DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____