

REQUEST FOR COPY OF DEATH CERTIFICATE

DATE OF REQUEST: _____

PLEASE PRINT

DO NOT MAIL CASH

REQUEST FOR DEATH CERTIFICATE OF	FIRST	MIDDLE	LAST
DATE OF DEATH: (MONTH/DAY/YEAR)			

ALL PARTIES IDENTIFIED ON THE DEATH CERTIFICATE AS WELL AS IMMEDIATE FAMILY MEMBERS (WITH PROOF OF RELATIONSHIP) MAY BE ISSUED A CERTIFIED COPY WHICH INCLUDES THE SOCIAL SECURITY NUMBER.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBERS.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE _____

YOUR RELATIONSHIP: _____

SIGNATURE: X _____

CERTIFIED COPY \$20.00

NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: \$ _____

MAKE CHECK OR MONEY ORDER PAYABLE TO: THE TOWN OF BLOOMFIELD
MAIL TO THE ADDRESS BELOW:
TOWN OF BLOOMFIELD
TOWN CLERK'S OFFICE
PO BOX 337
BLOOMFIELD, CT 06002

**** YOU MUST PROVIDE/SEND A COPY OF IDENTIFICATION WITH THIS REQUEST.****

ID: _____