



Town of Portland
 Registrar of Vital Statistics
 33 East Main St.
 Portland, CT 06074
 (860) 342-6743

REQUEST FOR DEATH CERTIFICATE

Fee: \$20.00 per copy

Cash, Check, and Credit Cards are accepted. Please make checks payable to "Town of Portland"

**If paying by credit card- Please include your phone number and we will call you to take your payment over the phone.

***Note that a \$2.00 credit card fee will be added to the cost.

_____ # 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 _____

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 _____

Phone number of Applicant _____

SIGNATURE of Applicant _____

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

- ① Original Application Form
- ② Check or phone number if paying by credit card
- ③ Legible photocopy of Photo I.D.