



TOWN OF PORTLAND

Town Clerk's Office
33 East Main Street, P.O. Box 71 Portland, CT 06480

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Indicate # of certified copies: _____ (Fee \$20.00 per each certified copy)

I am applying for the DEATH CERTIFICATE of:

FULL NAME: _____

DATE OF DEATH: _____ PLACE OF DEATH: _____ (Town/ State)

DATE OF BIRTH: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

IF MARRIED, SPOUSE'S NAME: _____

SEX Male Female

IN ACCORDANCE WITH C.G.S. 7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1,1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR , LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THIS REQUEST:


NAME: _____

ADDRESS: _____

TOWN/CITY: _____ STATE: _____ ZIP: _____

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _____

Signature: _____ Date _____

 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 money order for \$20.00 per copy made payable to: "Town of Portland"
3. Self Addressed Stamped Envelope
4. Photocopy of Photo I.D.

For office Use Only:

Initials: _____ Date Stamp: _____

ID's: _____