

APPLICATION FOR A COPY OF DEATH CERTIFICATE
(PLEASE PRINT CLEARLY)

CITY OF DERBY
1 Elizabeth Street
Derby, Connecticut 06418
Laura A. Wabno - City/Town Clerk

NUMBER OF COPIES: _____ **\$20.00 FEE PER COPY**

Date Issued: _____

Full name of Deceased: _____
(First Name) (Last Name)

Date of Death: _____
(Month) (Day) (Year)

Place of Death: _____
(Town)

Name of Applicant: _____

Address of Applicant: _____

City, State & zip Code: _____

Relationship to Deceased: _____

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.

***Mailing Instructions:**

A \$20.00 fee per copy made out in the form of a Money Order or Certified Bank Check payable to the Derby Town Clerk included with a self-addressed stamped envelope to: Derby Town Clerk - 1 Elizabeth Street Derby, CT 06418.