

REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

BRISTOL TOWN & CITY CLERK
111 North Main Street
Bristol, CT 06010
(860) 584 - 6200

PLEASE PRINT

DEATH CERTIFICATE OF:	Full Name	SEX	DATE OF DEATH
		<input type="checkbox"/> M <input type="checkbox"/> F	

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 AND TOWN CLERK, 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 AND/OR AN "ADMINISTRATIVE USE ONLY" SECTION OF THE CERTIFICATE FOR DEATHS OCCURRING AFTER DECEMBER 31, 2001. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THE REQUEST:

Note: Mail this completed application, fee and if Conservator, please provide proof.

NAME:		
ADDRESS:		
TOWN/CITY:	STATE:	ZIP CODE:
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE:		
SIGNATURE:		

THE FEE IS \$20.00 PER COPY:

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

PLEASE INCLUDE A SELF-ADDRESSED STAMPED ENVELOPE WITH YOUR REQUEST.

MONEY ORDER / CHECK MADE PAYABLE TO: BRISTOL TOWN CLERK NO PERSONAL OUT-OF STATE CHECKS ACCEPTED
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