

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

(Please Print)

Full name of Deceased: _____

Date of Death: _____ Town of Death: _____

Relationship to the Deceased: _____

INFORMATION OF PERSON MAKING THIS APPLICATION

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone # _____

Applicant's Signature _____ Date: _____

Fee: \$20.00 per copy

Number of Copies Requested: _____

*** Note: Per CT law [C.G.S. §7-51A(c)], for deaths occurring on or after July 1, 1997, only the surviving spouse, next of kin, or funeral director who is acting on behalf of an eligible family member, may obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. All other requesters will receive a certified copy without the decedent's Social Security number.*

If eligible, do you want the decedent's Social Security number on the copy of the certificate?

No: _____ Yes: _____ (if Yes, You must provide proof of eligibility)

TO EXPEDITE YOUR REQUEST PLEASE INCLUDE:

- Certified check or money order made payable to: **Meriden City Clerk**
- Please include a stamped self-addressed envelope

Mail To: Michael Cardona, City Clerk
142 East Main St., Room 124
Meriden, CT 06450