

Request Form

Death Certificate

Wethersfield Town Clerk

Fee: \$10.00

Driver's License of Person Requesting Copy is Required

Availability of a certified copy of a death certificate is based upon the town of occurrence and/or town of residency of the deceased

Death Certificate Information

Name of Deceased: _____

Date of Death _____ Place of Death (Town): _____

Date of Birth: _____ Place of Birth (Town): _____

Father's Name _____

Mother's full maiden name _____

If married, spouse's name _____

Person Making This Request

Name: _____

Address: _____

City/State/ Zip Code: _____

Phone Number: _____

Relationship to deceased: _____

Signature _____ Date _____

Enclose a copy of the driver's license of the person who is requesting the certified copy, this form and a check for \$10.00 for each certified copy, made payable to the Wethersfield Town Clerk, 505 Silas Deane Highway, Wethersfield, CT 06109.