

**Request Form**

**Death Certificate**

**Wethersfield Town Clerk**

**Fee: \$20.00**

**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 \$20.00 for each certified copy, made payable to the Wethersfield Town Clerk, 505 Silas Deane Highway, Wethersfield, CT 06109.