



Request For Certified Copy Of Death Certificate

Town Clerk's Office
Town of Old Saybrook
302 Main Street
Old Saybrook, CT 06475
860-395-3135

Requesting the Death Certificate of:	Deceased Full Name: (First, Middle, Last Name)		Sex: M or F	Date of Death
	Town of Death:	Date of Birth:	Place of Birth (State or Foreign Country)	
	Father's Name:	Mother's Name:	If Married, Spouse's Name:	

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.

Person Making This Request:	Your Full Name:	
	Your Address: (Street, City, State, Zip Code)	
	Your Phone Number:	Your Email Address:
	Your Relationship To The Deceased:	Your Signature:

Cost: \$20.00 per certified copy

Number of Copies Requested: _____

Amount Enclosed: \$_____

Cash or Checks made payable to
"Town Clerk Old Saybrook"