



Town of Vernon
 Registrar of Vital Statistics
 14 Park Place
 Vernon, Connecticut 06066
 (860) 870-3662

Death

APPLICATION FOR DEATH CERTIFICATE

Fee: \$20.00 cash or check made payable to "Town of Vernon"
 _____ # Certified Copies

**Death records as of 7/1/1997
 restricted as to social security number.**

PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address. §19a-41-2

I am applying for the death certificate of

I declare

Full Name _____
 (first/middle/last)

I am a party listed on the death certificate as follows:
 Relationship _____

Sex: Male Female

I am an immediate family member – surviving spouse, child by blood, sibling or parent.

Date of Death _____
 (month/day/year)

Relationship _____

Place of Death (Town, State) _____

I am a CT incorporated or authorized genealogist. (Must produce valid, signed card.)

Date of Birth (month/day/year) _____

Place of Birth (Town, State) _____

I am a person authorized by the Commissioner of the Dept. of Health & Chief Medical Examiner Rep. (Signed letter on letterhead required.)

Father's Full Name _____
 (first/middle/last)

Other _____
 (Eff. 7/1/1997 – Redacting social security numbers to unauthorized person.)
 (C.G.S. §7-51a (a) & (c) – Eff. 1/1/2002 – Administrative section redacted if not authorized.)

Mother's Full Maiden Name _____
 (first/middle/last)

If Married, Spouse's Name _____
 (first/middle/last)

SIGNATURE of Applicant _____

Address of Applicant _____

✉ *When mailing this form to the Vernon Town Clerk's Office, please be sure to include the following items:*

- ① Original Application Form
- ② Check or Money Order for total copies requested
- ③ Self Addressed Stamped Envelope
- ④ Legible photocopy of Photo I.D.

Office Use Only ↴

DATE: _____	INITIALS: _____
ID's _____	
_____	PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK