Date:_____

TOWN OF LEDYARD

Request for a Certified Copy of a Death Certificate from the Town of Ledyard

PLEASE PRINT **DO NOT MAIL CASH**

Full Name of Deceased: (First, Middle, Last):		**SEX** ☐ **M** ☐ **F**	**Date of Death:** (Month/Day/Yr): *
Town of Death:	**Date of Birth:** (Month/Day/Yr)		**Place of Birth:** (Town, State or County)
Father's Name:	**Mother's Name:**		**If Married, Spouse's Name:**

Person Requesting the Death Certificate:

Name:_____
First **Middle** **Last Name**

Address:_____
Number **Street** **Town/City** **State** **Zip Code**

(_____)_____ _____ **Relationship to Deceased****_____
Telephone No. **E-Mail Address** (optional)

_____ **Signature: X**_____
Intended Use of Certificate Copy (e.g Benefits, Genealogy, etc)

** **Note:** Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director and the surviving spouse or next of kin 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_____

One Time Fee Waiver for A Copy of a Veteran's Death Certificate:

Effective **10/1/2011**, CT law (C.G.S. § 7-74 (c) allows the **spouse, child or parent** of a deceased veteran to obtain one (1) free copy of the deceased's death certificate **provided the requester presents a copy of their valid Government issued photo ID and proof of their relationship to the deceased.** Examples of proof of relationship include a marriage certificate for a spouse, one's own birth certificate, if a child of the deceased, or the deceased's birth certificate, if a parent of the deceased.
Are you requesting the one time waiver of the $20.00 fee and enclosing required documentation: NO _____ YES _____
The fee will be waived only if the request includes the required valid ID, proof of relationship to the veteran, **and if the veteran status** is indicated on the death certificate.

The fee for a copy of a Death Certificate from Ledyard is $20.00 per copy.

# of Copies Requested: _____ Amount Enclosed: $_____ Fee Waiver Request: _____

Please include Money Order made payable to: Town of Ledyard

Mail this request along with a clear copy of your government issued photo ID and payment to: Ledyard Town Clerk, 741 Colonel Ledyard Highway, Ledyard, CT 06339.

Ledyard Town Clerk: Phone 860-464-3257; Fax 860-464-1126; E-Mail town.clerk@ledyardct.org

***Note:** Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to CT STATE website: www.ct.gov/dph for town contact information

Revised: 07/21/2015