



**TOWN OF DURHAM**  
Registrar of Vital Statistics  
P. O. Box 428 Durham, CT 06422

**APPLICATION FOR CERTIFIED DEATH CERTIFICATE**

Indicate # of copies: \_\_\_\_\_ **Certified Copy** ( FEE PER COPY \$20.00 )

I am applying for the DEATH CERTIFICATE of:

FULL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_

SEX  Male  Female

*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:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_



When mailing this form to the Durham Town Clerk's office please be sure to include the following items:

1. Original Application Form
2. Check or money order for \$20.00 per copy made payable to: "Durham Town Clerk"
3. Self Addressed Stamped Envelope
4. On Line Ordering also available by contacting: [www.townofdurhamct.org](http://www.townofdurhamct.org)

For office Use Only:

Date: \_\_\_\_\_ Initials: \_\_\_\_\_

ID's: \_\_\_\_\_