

STATE OF CONNECTICUT

TOWN OF: LITCHFIELD
Registrar of Vital Statistics

Death Certificate Request Form - Page 1 of 2

PLEASE PRINT CLEARLY

Step 1. Information about the person who died

Full Name (First, Middle, Last): _____

Date of Death: _____ Town Where Death Happened: _____

Date of Birth: _____

Place of Birth (State or Country): _____

Mother's/Parent's Full Name: _____

Father's/Parent's Full Name: _____

If married when they died, Spouse's Full Name: _____

Step 2. Your information

Your Full Name: _____

Your Address: _____
Street, Apt/Unit, City/Town, State, Zip Code, Country (if outside U.S.)

Your Phone Number: _____

Your Email (optional): _____

Step 3. Your relationship to the person

Check one box:

- Any Person 18 years of age or older Genealogist
 Informant Next of Kin Surviving Spouse

IMPORTANT: If the person died on or after July 1, 1997, only the informant named on the certificate, the surviving spouse, and next of kin, can get a copy with the Social Security Number.

Do you want the Social Security Number on the copy?

No:

Yes: If you check yes, you must show proof of identity and proof of your relationship.

If you are the informant or surviving spouse, your name must be on the certificate.

If you do not provide proof, you will get a copy without the Social Security Number.

Sign Here: _____

PLEASE SEE PAGE 2 (OR BACK SIDE OF THIS FORM) TO COMPLETE

