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

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

PLEASE NOTE: In accordance with C.G.S. §7-51A, for deaths occurring on or after July 1, 1997, only 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. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, other than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.

PERSON MAKING THIS REQUEST:

Name: _____
First Middle Last Name

Address: _____
Number Street

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ **Email Address (optional):** _____

Relationship to Deceased: _____

Signature: X_____ **Date:** _____

The fee for a copy of a Death Certificate from the Town of Sherman is $20.00 per copy.

Number of Copies Requested: _____ **Amount Enclosed: $**_____

Please send this request with a Check or Money Order made payable to the Town of Sherman.
Mail this request to: Attn: Town Clerk, Town of Sherman, PO Box 39, Sherman, CT 06784