



# TOWN OF PORTLAND

Town Clerk's Office  
33 East Main Street, P.O. Box 71 Portland, CT 06480

## APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Indicate # of certified copies: \_\_\_\_\_ (Fee \$20.00 per each certified copy)

I am applying for the DEATH CERTIFICATE of:

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

DATE OF DEATH: \_\_\_\_\_ PLACE OF DEATH: \_\_\_\_\_ (Town/ State)

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

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


NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
*(Mailed requests only)*

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

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

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

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

 When mailing this form to the Portland 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: "Town of Portland"
3. Self Addressed Stamped Envelope
4. Photocopy of Photo I.D.

For office Use Only:

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

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