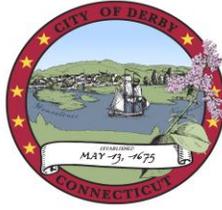


City of Derby, Connecticut

One Elizabeth Street - 06418



Marc J. Garofalo, MPA, CCTC
Town / City Clerk

Telephone - 203.736.1462
FAX - 203.736.1479

Email - vitals@derbyct.gov

www.derbyct.gov

APPLICATION FOR A COPY OF DEATH CERTIFICATE

Cash or Credit Card when requested in person - Money Order or Credit Card when requested by mail or email. *Credit Card Authorization Form is required if request is via Mail or Email*

Number of copies: _____ \$20 per copy \$_____ Total

Date Requested: _____

Full Name of Deceased: _____
First Name Last Name

Date of Death: _____
Month Day Year

Place of Death: _____
Town

Name of Applicant: _____

Address of Applicant: _____

City, State, & Zip Code: _____

Relationship to Deceased: _____

IN ACCORDANCE WITH THE C.G.S.7-51a FOR ANY DEATH OCCURING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, 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.