

Request for a Certified Copy of a **DEATH RECORD**
from the Town of Colchester

Please Print Clearly

Today's Date: _____

Name of Deceased: _____

Mother's Name: _____

Father's Name: _____

Date of Death: _____ Town of Death: _____

Date of Birth: _____ Place of Birth: _____

Person making this Request:

Name: _____

Address: _____

Phone: _____ E-Mail: _____

(Optional)

(Optional)

Relation: _____ Reason: _____

(ie: child, parent, spouse, etc)

(ie: personal, insurance, replacement, etc)

Signature: _____

_____ # of copies x \$20.00 = _____

Each certified copy is \$20.

**** Please Note: In accordance 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 certificate with the Social Security number if the request is within 60 days of the date of disposition. All other requesters will receive a certified copy without the Social Security number.