

Death Certificate – East Haven

Request for a Certified Copy of a Death Record from the East Haven Vital Records

Please Print Clearly

Today's Date: _____
Month Day Year

_____ # of copies @\$20.00 per copy
Cash or Check made payable to East Haven Town

Clerk

Date of Death: _____
Month Day Year

Town of Death: _____

Full Legal Name of Deceased: _____
First Middle Last

Date of Birth: _____
Month Day Year

Place of Birth: _____
Town, State or Foreign Country

Sex: M____; F____

Father's Name: _____

Mother's Name: _____

If Married, Spouse's Name: _____

Person Making the Request:

Name: _____
First Middle Last

Address: _____ Town/City: _____

State: _____ Zip Code: _____ Telephone
No: _____

Relationship to Person Named on Certificate: _____

Signature: _____

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 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, others 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.

*Mailing instructions:

Money Order or Check made payable to the **East Haven Town Clerk.**

Include a self-addressed stamped envelope to:

East Haven Town Clerk
250 Main Street
East Haven, CT 06512

