

**APPLICATION FOR DEATH CERTIFICATE  
(PLEASE PRINT CLEARLY)**

**THIS IS A REQUEST FOR THE DEATH CERTIFICATE FOR:**

FULL NAME \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

# OF COPIES REQUESTED \_\_\_\_\_ @ \$20.00 EACH

**I CERTIFY THAT THE PERSON NAMED IN THE CERTIFICATE REQUESTED IS:**

MY SPOUSE    MY CHILD    MY GRANDCHILD    MY PARENT

A PERSON I LEGALLY REPRESENT    OTHER \_\_\_\_\_

**INFORMATION OF PERSON MAKING THIS APPLICATION:**

PRINT FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT TEL. NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Please make sure all information is included to expedite provision of Death Certificate request.**

- Completed Application Form
- Copy of Valid Driver's License or Government Issued Photo ID
- Cash, Check or Money Order made payable to **BETHANY TOWN CLERK**
- Self-Addressed, Stamped Envelop

**Mail Application to:**

**Bethany Town Clerk  
Vital Statistics  
40 Peck Road  
Bethany, CT 06524**