



Mansfield Town Clerk
4 South Eagleville Road
Storrs Mansfield, CT 06268
(860) 429-3302

DEATH CERTIFICATE APPLICATION

(All issued Death Certificates are certified with a raised seal)

Name on Certificate:	<i>First</i>	<i>Middle</i>	<i>Last</i>
Date of Death (Month/Day/Year):	Town of Death:		
Date of Birth (Month/Day/Year):	Place of Birth (Town, State or Country):		
Father's Name:	Mother's Name:		

PERSON MAKING THIS REQUEST

Print Name:	Phone #:
Address:	
Relation to Person Named in Certificate:	

I declare under penalties of false statements that the above statements and information are true and correct.

Requestor's Signature:	Date:
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NUMBER OF COPIES REQUESTED: _____ LEGAL FEE FOR EACH CERTIFIED COPY IS \$20.00.

PLEASE NOTE: Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director and 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. All other requesters will receive a certified copy without the decedent's Social Security number.

If eligible, do you want the decedent's Social Security number on the copy of the certificate? No:___ Yes:___

When mailing this form to the Town of Mansfield Clerk's Office, please make sure to include the following items:

- Original Application Form
- Photocopy of Current Photo ID (if applicable)
- Check or Money Order for the total amount of copies requested payable to the "Town of Mansfield"
- Self-Addressed Stamped Envelope