

**APPLICATION FOR CERTIFIED DEATH CERTIFICATE**

**I AM APPLYING FOR THE CERTIFICATE OF:**

FULL NAME AT DEATH: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_ TOWN OF DEATH: \_\_\_\_\_

RELATIONSHIP TO THE PERSON NAMED ON CERTIFICATE: \_\_\_\_\_

**INFORMATION OF PERSON MAKING THIS APPLICATION:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

**TO EXPEDITE YOUR REQUEST PLEASE INCLUDE:**

- COMPLETED APPLICATION FORM;
- COPY OF YOUR GOVERNMENT ISSUED PHOTO IDENTIFICATION **OR**  
**2 OF THE FOLLOWING: SOCIAL SECURITY CARD, AUTOMOBILE REGISTRATION SHOWING NAME AND ADDRESS, VOTER REGISTRATION CARD, CHECKING DEPOSIT SLIP SHOWING NAME AND ADDRESS, WRITTEN VERIFICATION FROM YOUR EMPLOYER, COPY OF A UTILITY BILL SHOWING YOUR NAME AND ADDRESS;**
- CHECK OR MONEY ORDER FOR \$20 PER COPY;
- SELF ADDRESSED STAMPED ENVELOPE.

MAIL REQUEST TO:

**WOLCOTT TOWN CLERK  
10 KENEA AVENUE  
WOLCOTT, CT 06716**