

Request for a Certified Copy of a Death Record From the Town of Windham

Please Print

FULL NAME OF DECEASED: _____		
First	Middle	Last
DATE OF DEATH: _____ / _____ / _____	PLACE OF DEATH _____	
Month Day Year	Town	
DATE OF BIRTH: _____ / _____ / _____	PLACE OF BIRTH _____	
Month Day Year	Town	
FATHER'S NAME: _____ MOTHER'S NAME: _____		
IF MARRIED, SPOUSE'S NAME: _____	SEX:	<input type="checkbox"/> M <input type="checkbox"/> F

PLEASE NOTE: In accordance Connecticut General Statute 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.

Person Making This Request

NAME: _____		
First	Middle	Last
ADDRESS: _____		
Number/Street/Unit #		
TOWN/CITY: _____	STATE: _____	ZIP CODE: _____
TELEPHONE: _____	E-MAIL: _____	
SIGNATURE: X _____		
RELATION TO PERSON NAMED IN CERTIFICATE: _____		
PLEASE ATTACH A COPY OF YOUR VALID GOVERNMENT ISSUED PHOTO ID.		

Certificate Size

TOTAL NUMBER OF COPIES;
_____ X \$20.00 = _____
TOTAL: \$ _____
PLEASE DO NOT MAIL CASH

SEND TO: Windham Town Clerk
P.O. Box 94
Willimantic CT 06226