

STATE OF CONNECTICUT  
**Bethel**

TOWN OF: \_\_\_\_\_  
Registrar of Vital Statistics

**Death Certificate Request Form - Page 1 of 2**

PLEASE PRINT CLEARLY

**Step 1. Information about the person who died**

Full Name (First, Middle, Last): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Town Where Death Happened: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (State or Country): \_\_\_\_\_

Mother's/Parent's Full Name: \_\_\_\_\_

Father's/Parent's Full Name: \_\_\_\_\_

If married when they died, Spouse's Full Name: \_\_\_\_\_

**Step 2. Your information**

Your Full Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street, Apt/Unit, City/Town, State, Zip Code, Country (if outside U.S.)

Your Phone Number: \_\_\_\_\_

Your Email (optional): \_\_\_\_\_

**Step 3. Your relationship to the person**

**Check one box:**

- Any Person 18 years of age or older     Genealogist  
 Informant     Next of Kin     Surviving Spouse

**IMPORTANT:** If the person died on or after July 1, 1997, only the informant named on the certificate, the surviving spouse, and next of kin, can get a copy with the Social Security Number.

**Do you want the Social Security Number on the copy?**

No:

Yes:  If you check yes, you must show proof of identity and proof of your relationship.  
If you are the informant or surviving spouse, your name must be on the certificate.

If you do not provide proof, you will get a copy without the Social Security Number.

Sign Here: \_\_\_\_\_

PLEASE SEE PAGE 2 (OR BACK SIDE OF THIS FORM) TO COMPLETE

