Mail this requestest to: Burlington Town Clerk, 200 Spielman Hwy, Burlington, CT 06013

Full Name of Deceased: (First, Middle, Last):			$ \begin{array}{ c c c c } SEX & & \\ \hline & M & \\ \hline & F & \\ \hline & F & \\ \end{array} $ (Month/Day/Yr): *
Town of Death:		Date of Birth (Month/Day/Yr):	Place of Birth (Town, State or Country):
Father's Name:		Mother's Name:	If Married, Spouse's Name:
Person Requesti	ng the Death Cert	ificate:	
Name:	st	Middle	Last Name
Address:	r and Street	Town/City	State Zip Code

 Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)
 Relationship To Deceased: \*\*

**\*\*** Note: Per CT law (C.G.S. §7-51A), for deaths occurring on or <u>after July 1, 1997</u>, 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.

The fee for a copy of a Death Certificate is \$20 per copy. Make check payable to "Town of Burlington."

# of Copies Requested: \_\_\_\_\_

Amount Enclosed: \$ \_\_\_\_\_

Attach a copy of the requester's valid government issued photo ID or passport or two forms of the following: \*social security card \*paycheck stub or a W-2 form \*current school ID \*vehicle registration \*copy of utility bill or bank statement