Request for a Certified Copy of a Death Certificate from the Town of Burlington Vital Records Office

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

Full Name of Deceased: (First, Middle, Last):		SEX ☐ M ☐ F	**Date of Death:** (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 Requesting the Death Certificate:

Name: _____ _____ _____
First **Middle** **Last Name**

Address: _____ _____ _____ _____
Number and Street **Town/City** **State** **Zip Code**

_____ _____ **Relationship To Deceased: **** _____
Telephone No. **E-Mail Address** (optional)

_____ **Signature**: X_____
Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)

**** 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.

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**