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

Mail this requestest to: Canton Town Clerk, 4 Market St, PO Box 168, Collinsville, CT 06022

Full Name of Deceased : (First, Middle, Last):		$\begin{array}{ c c c c c } SEX & \underline{Date \ of \ Death:} \\ \hline \square \ M \\ \hline \square \ F \end{array} \qquad \begin{array}{ c c c } \underline{Date \ of \ Death:} \\ \hline \end{array} (Month/Day/Yr): ** \end{array}$
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 1	Name	
Address:	Number and Street		own/City	State	Zip Code
Telephone	No. E-M	ail Address (optional)	Relationship To Deceased: **		
			ture: 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 <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 Canton."

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