

APPLICATION FOR DEATH CERTIFICATE

PLEASE PRINT OR TYPE INFORMATION AS IT APPEARS ON DEATH CERTIFICATE

FULL NAME _____
(First) (Middle) (Last)

PLACE OF DEATH _____ DATE OF DEATH _____

Please circle one: **Full Size** – \$20.00

Make money order or check payable to **TOWN OF GREENWICH**. Must be a US bank
Mail to:

**Vital Records
Town Hall
PO Box 2540 (101 Field Point Road)
Greenwich, CT 06836-2540 (06830)**

Please mail application to above address, along with a **copy of a picture id** (drivers lic, passport, etc) and a **self addressed, stamped envelope**. If you wish to send it by an overnight service and would like it sent back the same way, enclose a **prepaid air bill and envelope**.

State here your relationship to the person whose certificate is requested and purpose for which it is to be used.

(Relationship) (Printed name)

(Purpose for use)
E-Mail Address: _____

Signature of Applicant _____

Mail certificate to _____
(First) (Last)

Address _____
(Street address)

(City) (State) (Zip code)