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)

Signature of Applicant_____

Mail certificate to_____
(First) (Last)

Address_____
(Street address)

_____
(City) (State) (Zip code)