

**REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE  
THE FEE FOR A COPY OF A DEATH CERTIFICATE IS \$20 PER COPY  
PAYABLE IN CASH/CHECK/MONEY ORDER**

**PLEASE PRINT**

FULL NAME OF DECEASED: \_\_\_\_\_

DATE OF DEATH: \_\_\_\_\_

TOWN OF DEATH: \_\_\_\_\_

NAME OF PERSON MAKING REQUEST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RELATIONSHIP TO DECEASED: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_