

REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

Deceased Person's Name:
Date of Death:
Town of Death:

Your Name:
Address:
City, State and Zip Code:

Fee: \$20.00 a copy. Make Checks payable to Wallingford Town Clerk

Number of copies requested _____

Your relationship to the person whose certificate you are requesting: _____

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

Copy of Photo Identification

Mail this form, a copy of your ID and payment to:

Wallingford Town Clerk
45 South Main Street
Wallingford, CT 06492

I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.

Signature: _____ Date: _____