

## PUTNAM MUNICIPAL COMPLEX TOWN CLERK 200 School Street Putnam, CT 06260 (860) 963-6807



## REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE FROM THE TOWN

All issued Death Certificates are certified with a raised seal.

PLEASE PRINT			Data of Dantha (see a)	Date of Doothy (Asset) (Do. Asset)	
Full Name of Deceased: (First, Middle, Last):			Date of Death: (Month	n/Day/Year):	
Town of Death:		Date of Birth (Month/Day/Year):	Place of Birth (Town, State or Country):		
				,,	
Father's Name:		Mother's Name:	If Married, Spouse's Name:		
Person Requesting th	e Death Certificate	<u>'</u> <u>::</u>			
Name:					
First		Middle	Last Name		
Address					
Number	Street	Town/City	State	Zip Code	
( )		Relationship To Decea	sed·*		
Telephone No.	•				
		Signature: X			
Intended Use of Certified Copy	(e.g. Benefits, Genealogy, e				
* Note: Per CT law (C.G.S	. §7-51A), for deaths oc	ccurring on or <u>after July 1, 1997</u> , or	nly the Funeral Director ar	nd the surviving spouse or	
		ate with the decedent's Social Sec			
· ·		out the decedent's Social Security			
•		I Security number on the copy			
If "Yes," please submit a co	ppy of their ID along wit	th proof of relationship to the dece	eased such as a birth certi	ficate or marriage license.	
The fee for the cer	tified copy of a [	Death Certificate from th	ne Town is \$ 20.00	per copy.	
	• •	Cash is accepted in the			
with an additional	•	•	orrice as well as cr	curt curus	
# of Copies Requested:	x 20.00 =	Amount Enclosed: \$			

## When mailing this request to the Putnam Town Clerk's Office, include the following items:

- 1. Original application form
- 2. Money order for total copies requested
- 3. Self-Addressed Stamped Envelope
- 4. Photocopy of Current Photo I.D.
- 5. Proof of relationship if Social is requested