



Town of Vernon  
 Registrar of Vital Statistics  
 14 Park Place  
 Vernon, Connecticut 06066  
 (860) 870-3662

Death

**APPLICATION FOR DEATH CERTIFICATE**

Fee: \$20.00 cash or check made payable to "Town of Vernon"  
 \_\_\_\_\_ # Certified Copies

**Death records as of 7/1/1997  
 restricted as to social security number.**

**PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED**

Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address. §19a-41-2

I am applying for the death certificate of

I declare

Full Name \_\_\_\_\_  
 (first/middle/last)

I am a party listed on the death certificate as follows:  
 Relationship \_\_\_\_\_

Sex:  Male  Female

I am an immediate family member – surviving spouse, child by blood, sibling or parent.

Date of Death \_\_\_\_\_  
 (month/day/year)

Relationship \_\_\_\_\_

Place of Death (Town, State) \_\_\_\_\_

I am a CT incorporated or authorized genealogist. (Must produce valid, signed card.)

Date of Birth (month/day/year) \_\_\_\_\_

Place of Birth (Town, State) \_\_\_\_\_

I am a person authorized by the Commissioner of the Dept. of Health & Chief Medical Examiner Rep. (Signed letter on letterhead required.)

Father's Full Name \_\_\_\_\_  
 (first/middle/last)

Other \_\_\_\_\_  
 (Eff. 7/1/1997 – Redacting social security numbers to unauthorized person.)  
 (C.G.S. §7-51a (a) & (c) – Eff. 1/1/2002 – Administrative section redacted if not authorized.)

Mother's Full Maiden Name \_\_\_\_\_  
 (first/middle/last)

If Married, Spouse's Name \_\_\_\_\_  
 (first/middle/last)

**SIGNATURE** of Applicant \_\_\_\_\_

Address of Applicant \_\_\_\_\_

✉ *When mailing this form to the Vernon Town Clerk's Office, please be sure to include the following items:*

- ① Original Application Form
- ② Check or Money Order for total copies requested
- ③ Self Addressed Stamped Envelope
- ④ Legible photocopy of Photo I.D.

**Office Use Only ↴**

DATE: _____	INITIALS: _____
ID's _____	
PAYMENT:	<input type="checkbox"/> CASH <input type="checkbox"/> CHECK