



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

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

Sex: ☐ Male ☐ Female

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

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

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

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

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

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

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

I declare

☐ I am a party listed on the death certificate as follows:

Relationship \_\_\_\_\_

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

Relationship \_\_\_\_\_

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

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

☐ 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.)

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

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: ☐ CASH ☐ CHECK