

**APPLICATION FOR DEATH CERTIFICATE**

**PLEASE PRINT OR TYPE INFORMATION AS IT APPEARS ON DEATH CERTIFICATE**

FULL NAME \_\_\_\_\_  
(First) (Middle) (Last)

PLACE OF DEATH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

**Number of Full Size** \_\_\_\_\_ – \$20.00 each

Make \*check payable to **TOWN OF GREENWICH.**

Mail to:

\*Returned check  
Fee \$25

**Vital Records  
Town Hall  
PO Box 2540 (101 Field Point Road)  
Greenwich, CT 06836-2540 (06830)**

Please mail application to above address, along with a **copy of a picture id** (driver's lic, passport, etc) and a **self addressed, stamped envelope.** If you wish to send it by an overnight service and would like it sent back the same way, enclose a **prepaid air bill and envelope.**

State here your relationship to the person whose certificate is requested and purpose for which it is to be used.

\_\_\_\_\_  
(Relationship) (Printed name)

\_\_\_\_\_  
(Purpose for use)  
E-Mail Address: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Mail certificate to \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_  
(Street address)

\_\_\_\_\_  
(City) (State) (Zip code)