

## Return to Donna M Anastasia, Registrar Town of Weston P O Box 1007, 56 Norfield Rd Weston CT 06883

## REQUEST FOR DEATH CERTIFICATE

Please print	NCIU Y O	SEX	T	
Full Name of Deceased: (First,	Middle, Last):	□ M □ F	Date of Death	<u>.</u>
Town of Death:	Date of Birth (Month/Day/		e of Birth	
Father's Name:	Mother's Name:	If M	If Married, Spouse's Name:	
D 0 11 11 D	A. CA.C.			
Person Requesting the Do	eath Certificate:			
Name:	Middle	Lasi	Name	
	Made			
Address: Number	Street Town/Cit	y	State	Zip Code
ć 3	Relationship	To Deceased	. **	
Telephone No.	E-Mail Address (optional)	10200000		
	Signature:	X		
Intended Use of Certified Copy (e.g	Signature: 23. Benefits, Genealogy, etc.)	X		
	z. Benefits, Genealogy, etc.)			
** Note: Per CT law (C.G.S. or next of kin may obtain a cor	§7-51A), for deaths occurring on or after July of the death certificate with the decedent's	1, 1997, only t Social Securit	he Funeral Directo	or and the surviving spous
** Note: Per CT law (C.G.S. or next of kin may obtain a cop other requesters will receive a co	§7-51A), for deaths occurring on or after July py of the death certificate with the decedent's ertified copy without the decedent's Social Section 1.	1, 1997, only t Social Securit curity number.	he Funeral Directo y number listed or	or and the surviving spous n the death certificate. A
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Registrar of Vital Statistics
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Available for office use