

**REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE**

Deceased Person's Name:
Date of Death:
Town of Death:

Your Name:
Address:
City, State and Zip Code:

**Fee: \$20.00 a copy.**      Make Checks payable to Wallingford Town Clerk

Number of copies requested \_\_\_\_\_

Your relationship to the person whose certificate you are requesting: \_\_\_\_\_

THE FOLLOWING MUST BE INCLUDED BY THE PERSON MAKING THE REQUEST

**Copy of Photo Identification**

Mail this form, a copy of your ID and payment to:

Wallingford Town Clerk  
45 South Main Street  
Wallingford, CT 06492

**I DECLARE UNDER PENALTIES OF FALSE STATEMENTS THAT THE ABOVE STATEMENTS AND INFORMATION ARE TRUE AND CORRECT.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_