



Town of Coventry

1712 Main Street • Coventry, CT 06238 • Fax (860) 742-8911

REQUEST FOR COPY OF DEATH CERTIFICATE

Please note: Certified copies may mask the social security numbers to comply with the provisions of PA 97-7.

I am applying for the Death Certificate of:

Full Legal Name: _____

Date of Birth: ____/____/____ Town & State/Country of Birth: _____

Date of Death: ____/____/____ Town of Death: _____

Parent 1 Full Legal Name: _____
*Use maiden name if applicable

Parent 2 Full Legal Name: _____
*Use maiden name if applicable

Spouse's Full Legal Name: _____
*If applicable

Person Making Request:

Full Legal Name: _____

Signature: _____

Address: _____ Apt #: _____

Town/City: _____ State: ____ Zip Code: _____

Phone Number: _____

Email Address: _____

Number of Full Size Copies: _____ Legal Fee for *each* certified copy is \$20.00

When Mailing Form, be sure to include the following:

- Original Application Form
- Check or Money Order **Payable to : Town of Coventry**
- Self Addressed Stamped Envelope for return of certificate
- Legible Copy of Valid/Unexpired Photo ID

Mail to:

Coventry Town Hall
ATTN: Town Clerk
1712 Main Street
Coventry, CT 06238

