

Town of Beacon Falls Request for Death Certificate

PI FASE PRINT

Full Name of Deceased: (First, Middle, Last)	Mole	Date of Death: (Month/Day/Yr)
Tail Hallo of Boodasta. (Filot, Madie, Edist)	Male:	Sato of South (Monar Bay 11)
	Female:	
Town of Death:	Date of Birth: (Month/Day/Yr)	Place of Birth: (Town, State or Country)
Father's Name:	Mother's Name:	If Married, Spouse's Name:
Person Requesting the Death Certificate:		1
Name: First M		
First M	iddle Last	
Address:		
Number Street	Town/City	State Zip Code
Phone: ()	Relati	tionship to Deceased:*
	X	
Intended Use of Certified Copy (e.g., Benefits, Ger	nealogy, etc.)	Signature
Note: Per CT law (C.G.S. §7-51A), for deaths occurring of kin may obtain a copy of the death certificate with the decerequesters will receive a certified copy without the decede If eligible, do you want the decedent's Social Security If "Yes," there is no need for the spouse or next of kin to some Copy of a Veteran's Death Effective 10/1/2011, CT law (C.G.S. §7-74 (c) allows the standard deceased's death certificate provided the requester their relationship to the deceased. Examples of proof ocertificate, if a child of the deceased, or the deceased's bin	edent's Social Security number listed ent's Social Security number. number on the copy of the certific ubmit a copy of their ID or proof of reception of the certificate: spouse, child or parent of a decease presents a copy of their valid Gov of relationship include a marriage cer	d on the death certificate. All other cate? No:Yes: elationship to the deceased. ed veteran to obtain one (1) free copy of ernment-issued photo ID and proof of tificate for a spouse, one's own birth
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Are you requesting the one-time waiver of the \$20.00 for The fee will be waived only if the request includes the requindicated on the death certificate.	ee and enclosing required docum uired valid ID, proof of relationship to	entation? No: Yes: the veteran, and if the veteran status is
The fee for a copy of a Death Certificate from the State	e or Town is \$20.00 per copy.	
• •	e or Town is \$20.00 per copy.	Fee Waiver Request:

The request can be mailed to the Town Clerk's Office at the address below, along with a Personal Check or Money Order made payable to: Beacon Falls Town Clerk.

Beacon Falls Town Clerk 10 Maple Avenue Beacon Falls, CT 06403

Office: 203-729-8254 Fax: 203-729-8204