



Town of Newington
 Registrar of Vital Statistics
 200 Garfield Street
 Newington, Connecticut 06111
 (860) 665-8545



**VitalDirector by Permutium
 Online Vitals Request Portal**

Complete your request online and save time.

REQUEST FOR DEATH CERTIFICATE

Fee: \$20.00/copy cash or check made payable to "Newington Town Clerk"
 _____ # Certified Copies

Death records as of 7/1/1997
 restricted as to social security number.

PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Photographic identification may be substituted by any two of the following documents: Social Security card; written verification of identity from employer; automobile registration; copy of utility bill showing name and address; checking account deposit slip stating name and address. §19a-41-2

I am requesting the death certificate of:

Full Name of Deceased _____
 (first/middle/last)

Sex: Male Female

Date of Death _____
 (month/day/year)

Place of Death (Town, State) _____

Date of Birth (month/day/year) _____

Place of Birth (Town, State, Country) _____

Father/Parent Full Name _____
 (first/middle/last)

Mother/Parent Full Maiden Name _____
 (first/middle/last)

If Married, Spouse's Name _____
 (first/middle/last)

I declare

I am a party listed on the death certificate as follows:
 Relationship _____

I am an immediate family member – surviving spouse, child by blood, sibling or parent.

Relationship _____

I am a CT incorporated or authorized genealogist. (Must produce valid, signed card.)

I am a person authorized by the Commissioner of the Dept. of Health & Chief Medical Examiner Rep. (Signed letter on letterhead required.)

Other _____
 (Eff. 7/1/1997 – Redacting social security numbers to unauthorized person.)
 (C.G.S. §7-51a (a) & (c) – Eff. 1/1/2002 – Administrative section redacted if not authorized.)

Name of Applicant _____

Address of Applicant _____

SIGNATURE of Applicant _____

Contact Info Email/Phone of Applicant _____

When mailing this form to the Newington Town Clerk's Office, please be sure to include the following items:

- ① Original Application Form
- ② Check or Money Order for total copies requested
- ③ Self Addressed Stamped Envelope
- ④ Legible photocopy of Photo I.D.

Office Use Only ↓

DATE: _____	INITIALS: _____
ID's _____	PAYMENT: <input type="checkbox"/> CASH <input type="checkbox"/> CHECK