

Town of Southington
**Death Certificate
Certified Copy Request Form**

(Please Print)

Full Name of Deceased _____

Date of Death _____ Place of Death _____

Applicant's Name _____

Mailing Address _____

Phone and/or E-Mail _____

Relationship to the Deceased _____

Applicant's Signature _____ Date _____

Please attach a copy of your Photo ID. If a Photo ID is unavailable, please submit photocopies of two other forms of qualifying documentation showing your name.

Fee: \$20.00 per copy Number of Copies Requested _____

(Checks may be made payable to Town of Southington.)

MAIL TO: Town Clerk, P. O. Box 152, Southington, CT 06489
Please include a stamped, self-addressed envelope along with payment.

FAX TO: Town Clerk's Office, (860) 276-6229
Payment must be mailed in or submitted online via credit card at
www.southington.org (an additional convenience charge applies to online payments).