

REQUEST FOR COPY OF DEATH CERTIFICATE

FEE: \$20.00 PER COPY

Send or Bring Request to:

**Fairfield Town Clerk
611 Old Post Road
Fairfield CT 06824**

Make check payable to Fairfield Town Clerk (If mailing, please include a self-addressed, stamped envelope).

DATE:	NUMBER OF COPIES:
DECEDENT'S FULL NAME:	
DATE OF DEATH:	
PLACE OF DEATH* (ADDRESS OR HOSPITAL):	
NAME AND ADDRESS OF PERSON MAKING REQUEST:	
EMAIL ADDRESS	

For the protection of the individual, certain information contained on vital certificates are not open for public inspection.

The following must be completed in order to permit this office to comply with this request.

Relationship to Person Named in Certificate: _____

Reason for Making Request: _____

*NOTE: There are no county offices in the State of Connecticut. Requests for vital records must be made to the Town or City in which the death occurred.