

**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, ADDRESS OF PERSON MAKING REQUEST:**

*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