Town of Deep River

Registrar of Vital Statistics 174 Main Street, Deep River, CT 06417

APPLICATION FOR COPY OF CERTIFIED DEATH CERTIFICATE

PHOTOGRAPHIC IDENTIFICATION OF APPLICANT IS REQUIRED

Full name on Certificate	
Date of Death	
Town of Death	
Father's full name	
Mother's full name	
Person making this request:	
Name	
Street Address	
Town/City, State, Zip Code	
Telephone Number	
e-mail address	
Relationship to person named in certificate	
Signature	X
e Time Fee Waiver for a Copy of a Veteran's Detive 10/01/2011 , CT law (C.G.S. 7-74 (c)) allow	eath Certificate: ows the spouse, child or parent of a deceased veteran to obtain one of the spouse of relationship to deceased. Veteran's status must be spoused to be s
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