

City of Waterbury  
Town Clerk/Vital Statistics  
235 Grand St.  
Waterbury, CT 06702

Phone 203-574-6806 Email [townclerk@waterburyct.org](mailto:townclerk@waterburyct.org)

**Death Certificate Application**

Please Print and Complete ALL Sections Below

**METHODS OF PAYMENT: CASH OR MONEY ORDER. (CREDIT CARD ACCEPTED IN PERSON ONLY)**

FULL SIZE CERTIFIED COPY (\$20 EACH) \_\_\_\_\_ # COPIES

CERTIFICATE HOLDER (\$1 EACH) \_\_\_\_\_ # HOLDERS

FIRST CLASS MAIL WITH TRACKING (\$ 5 EACH) \_\_\_\_\_ \*

*\*All certified copies of vital records are now being mailed with tracking. If you choose to opt out of tracking you must provide a self-addressed, stamped envelope. There will be no replacement for any lost mail that was not sent with tracking.*

FULL NAME ON CERTIFICATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH: \_\_\_\_/\_\_\_\_/\_\_\_\_ TOWN OF DEATH: \_\_\_\_\_

**Information of Person Making the Request:**

NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO PERSON ON CERTIFICATE:

\_\_\_\_\_ SPOUSE \_\_\_\_\_ PARENT \_\_\_\_\_ GRANDPARENT \_\_\_\_\_ CHILD \_\_\_\_\_ PERSON I LEGALLY REPRESENT

\_\_\_\_\_ OTHER

**Include the following:**

- Completed Application Form
- Copy of Acceptable ID (see list)
- Money Order made payable to Vital Statistics

**\*\*\*Personal Checks are NOT accepted\*\*\***

SIGNATURE: \_\_\_\_\_

Mail to: Vital Statistics, 235 Grand St., Waterbury, CT 06702