

Town of East Haddam
Registrar of Vital Statistics
PO Box 385, 1 Plains Road
Moodus, CT 06469

APPLICATION FOR CERTIFIED DEATH CERTIFICATE

Full name of Certificate	
Date of Death	
Date of Birth	
Father's full name	
Mother's full name	

Person making this request:

Name	
Street Address	
own/City, State, Zip Code	
Telephone Number	
e-mail address	
Relationship to person named in certificate	

Number of copies

Signature:

Certified copies are \$20.00 each. Please send check or money order payable to the Town of East Haddam at the above noted address.