



**City and Town Clerk
Registrar of Vital Statistics
140 Main Street
Torrington, CT 06790-5245**

Note: Legal fee for vital records copies is \$10.00 for each certified copy

Number of copies _____ X \$10.00 per copy **Total \$** _____ **

APPLICATION FOR A COPY OF DEATH CERTIFICATE

Full name of Deceased: _____

Date of Death : _____

Place of Death: _____

Person requesting this information:

Full name: _____

Address: _____

City: _____ **State** _____ **zip** _____

***Please make checks payable to the City of Torrington, CT**