



City of Torrington
Registrar of Vital Statistics

140 Main Street
Torrington, CT 06790-5245

Phone: (860) 489-2236
Fax: (860) 489-2548

NOTE: Legal fee for vital records is \$20.00 for each certified copy (CGS Sec.7-73)

APPLICATION FOR CERTIFIED COPY - DEATH CERTIFICATE

Decedent's Full Name: _____
(First Name) (Last Name)

Date of Death: _____
(Month) (Day) (Year)

Place of Death: _____
(City) (State)

Place of Residence: _____
(City) (State)

Person Requesting this Information:

Full Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Daytime Phone Number: _____

Relationship to Deceased: _____

Number of Copies: _____ **x \$20.00 each =** _____

(Total Enclosed)

Please make checks payable to the **City of Torrington**.