



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Office of Vital Records

999 Broad Street, Bridgeport, CT 06604
Telephone: 203-576-7445 or 8208
Fax: 203-332-5633
bridgeportct.gov/VitalRecords

Dr. Elizabeth Rivera-Rodriguez, DNP, MPH,
MSN, RN
Director of Health
& Social Services

Jessica Baldwin
Assistant Registrar

Application for Copy of Death Certificate

Number of Certified Copies: _____

Legal Fee: \$20.00 each

Today's Date: _____

Methods of Payment: If In-Person, we accept Cash, Credit or Money Order Only.

Full Name of Deceased				
	(First Name)		(Last Name)	
Date of Death				
	(Month)	(Day)	(Year)	
Town of Death				
Name of Applicant (Person making the request)				
Address of Applicant				
City, State & Zip				
Relationship to Deceased, if any				

I. Acceptable Forms of ID	II: For Mail Requests Only
<p>To purchase a copy of a Death Certificate you would need <u>one</u> of the following listed below:</p> <ul style="list-style-type: none"> ▪ Current Valid Drivers License ▪ Current Non-Driver ID issued by DMV ▪ Current Passport ▪ Current Valid Military <p>OR two (2) forms of the following:</p> <ul style="list-style-type: none"> ▪ Social Security Card ▪ Medical Insurance Card ▪ Current utility bill showing name and address ▪ Voter's Registration Card ▪ Car Registration showing your name and address 	<p>Please make sure to mail the completed request with the following requirements:</p> <ul style="list-style-type: none"> ▪ Form completed. ▪ <u>Copy</u> of Acceptable Form(s) of ID. Please refer to Part I. ▪ Money Order made payable to Vital Records. (Please do <u>not</u> mail Cash. Personal Checks are <u>not</u> accepted.) ▪ Please provide Phone Number below. <p>Phone #: _____</p>

WE DO NOT ACCEPT EXPIRED ID.
PERSONAL CHECKS ARE NOT ACCEPTED.