

**Town of Plainville  
Death Certificate Copy Request Form**

Please fill out the information below. When complete, please print, sign, and mail to the address listed.

Person's full name: \_\_\_\_\_

Date of death: \_\_\_\_\_

**Person making this request:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relation to person named in certificate: \_\_\_\_\_

Cost: **\$20.00**

**PLEASE ATTACH A COPY OF A PHOTO ID.**

**Make check payable to Town Clerk.**

**Mail To:                      Town Clerk  
                                    One Central Square  
                                    Plainville, CT 06062**

**Please include a stamped, self-addressed envelope.**