

Town of Plymouth
**Death Certificate
Certified Copy Request Form**

(Please Print)

Full Name of Deceased _____

Date of Death _____ Place of Death _____

Applicant's Name _____

Mailing Address _____

Phone and/or E-Mail _____

Relationship to the Deceased _____

DRIVERS LICENSE (state issued/number): _____

Applicant's Signature _____ Date _____

Please attach a copy of your Photo ID. If a Photo ID is unavailable, please submit photocopies of **two** other forms of qualifying documentation showing your name.

Fee: \$20.00 per copy

Number of Copies Requested _____

Please make the money order or check made payable to:

The Plymouth Town Clerk

Mail this request with the payment and
please include a self-addressed & stamped envelope to:

Plymouth Town Clerk
80 Main Street
Terryville, CT 06786