



**ARCHDIOCESE OF HARTFORD
ARCHIVES**

**SACRAMENTAL RECORD REQUEST FORM:
*DEATH CERTIFICATE***

Contact Information

(Person making the request)

[please print]

Name:

Last	First	M.I.
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Address:

Street name & number	Apt/Ste/Rm #
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City/Town	State	Zip Code
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Phone number:

Area Code	Number	(Extension)
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Email (optional): _____

Relationship to person whose record is requested:

(If an official authority, please indicate as such)

Certificate will only be issued for valid official reasons

Reason for request: _____

(-over-)

Death Record

(Person whose record you are requesting)

Please complete form as thoroughly as possible

[* = Information required for search]

***Name of deceased:**

Last

First

Middle

***Date of death/burial:**
(approximate)

Month

Day

Year

***Location of funeral:**

City/Town (Conn.)

Parish/Church

-AND/OR-

***Place of burial:**

Cemetery/Church

City/Town

State

**Address at
time of death:**

Street name & number

City/Town

State

Zip Code

Age at time of death:
(approximate)

Age

Date of birth:
(approximate)

Month

Day

Year

Requestor's signature:

Date:

Please mail completed form with copy of valid photo ID** (i.e., driver's license, state ID, passport, military ID, etc.) to:

**Archivist
Archdiocese of Hartford
134 Farmington Avenue
Hartford, CT 06105**

Please include copy of official request letter/notice or other relevant documents (as applicable). Please allow 4 to 6 weeks to process request. If you have any questions, please contact the Archives at: 860-541-6491. Thank you for your patience.

***Copied photo ID must be current and legible.*

****In keeping with the U.S. Census Bureau's guidelines regarding privacy, ALL SACRAMENTAL RECORDS LESS THAN SEVENTY-TWO YEARS OLD ARE CLOSED TO RESEARCH. Only properly authorized persons may access the records.*