

**Town of Goshen, Connecticut  
42 North Street , Goshen, CT 06756-0187  
Phone: (860) 491-2308**

**Request of Death Certificate**

**Town Clerk  
Registrar of Vital Statistics  
42C North Street  
Goshen, CT 06756**

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**Note: Legal fee for vital records copies is \$20.00 for each certified copy**

Number of copies \_\_\_\_\_ X \$20.00 per copy **Total \$** \_\_\_\_\_ \*\*

**APPLICATION FOR A COPY OF DEATH CERTIFICATE**

**Full name of Deceased:** \_\_\_\_\_

**Date of Death :** \_\_\_\_\_

**Place of Death:** \_\_\_\_\_

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**Person requesting this information:**

**Full name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

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**\*Please make checks payable to the Goshen Town Clerk**

**REQUESTER MUST ATTACH A COPY OF PICTURE**

**IDENTIFICATION AND VERIFICATION OF RELATIONSHIP TO**

**REGISTRANT**