

**The following are ways to request Certified Copies of Birth Certificates, Death Certificates, or Marriage Certificates:**

**Mail**

Fill out the following Request form and mail it to the East Lyme Town Clerk, PO Box 519, Niantic CT 06357. If you are paying by check please make it payable to East Lyme Town Clerk. If you are paying by credit card complete the attached Credit Card Authorization Form and return it with the request. Provide a copy of your ID with the request. Once all paperwork is completed and payment is made we will mail the certified copy to the requestor.

**E-Mail**

Fill out the following Request form, the Credit Card Authorization form, and email them along with a copy of your ID to the East Lyme Town Clerk, [kgalbo@eltownhall.com](mailto:kgalbo@eltownhall.com) and the Assistant Town Clerk [bstevens@eltownhall.com](mailto:bstevens@eltownhall.com). Once all paperwork is completed and payment is made we will mail the certified copy to the requestor.

**In Person**

Fill out the request form, you may come into our office at East Lyme Town Hall, 108 Pennsylvania Avenue, Niantic CT Monday through Thursday 8:00 a.m. to 5:00 p.m. and on Friday 8:00 a.m. to 11:30 a.m.

If you have any questions please contact the East Lyme Town Clerk's office at 860-739-6931 ext. 1135.

**Karen Miller Galbo  
East Lyme Town Clerk**

STATE OF CONNECTICUT

TOWN OF EAST LYME  
Registrar of Vital Statistics

Death Certificate Request Form - Page 1 of 2

PLEASE PRINT CLEARLY

Step 1. *Information about the person who died:*

Full Name (First, Middle, Last): \_\_\_\_\_  
Date of Death: \_\_\_\_\_ Town Where Death Happened: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Place of Birth (State or Country): \_\_\_\_\_  
Mother's/Parent's Full Name: \_\_\_\_\_  
Father's/Parent's Full Name: \_\_\_\_\_  
If married when they died, Spouse's Full Name: \_\_\_\_\_

Step 2. Your information:

Your Full Name: \_\_\_\_\_  
Your Address: \_\_\_\_\_  
Street, Apt/Unit, City/Town, State, Zip Code, Country (if outside U.S.)  
Your Phone Number: \_\_\_\_\_  
Your Email (optional): \_\_\_\_\_

Step 3. Your relationship to the person

Check one box:

- ☐ Any Person 18 years of age or older    ☐ Genealogist  
☐ Informant    ☐ Next of Kin    ☐ Surviving Spouse

**IMPORTANT:** If the person died on or after July 1, 1997, only the informant named on the certificate, the surviving spouse, and next of kin, can get a copy with the Social Security Number.

**Do you want the Social Security Number on the copy?**

No: ☐

Yes: ☐ If you check yes, you must show proof of identity and proof of your relationship.  
If you are the informant or surviving spouse, your name must be on the certificate.

If you do not provide proof, you will get a copy without the Social Security Number.

Sign Here: \_\_\_\_\_

STATE OF CONNECTICUT

TOWN OF EAST LYME  
Registrar of Vital Statistics

Death Certificate Request Form - Page 2 of 2

**Step 4. Choose the type of copy and number of copies**

**Veteran Fee Waiver:**

If the person was a veteran, the spouse, child, or parent can get **ONE** free copy.  
The death certificate has to say the person was a veteran.

You must include a valid photo ID and proof of relationship (examples: birth certificate shows you as child or parent, death certificate shows you as spouse)

Are you asking for the free copy?

☐ **No**, then select the type of death certificate and number of copies below

☐ **Yes**, One Long Form    ☐ **Yes**, One Short Form

If you apply for the **one** free veteran copy and want more copies, fill out another application for those and include your payment.

If you requested the one free veteran copy, skip to Step 5.

**Select Type of Copy and Number of Copies**

**Each certified copy is \$20.00.**

☐ **Long Form** Death Certificate

(Available for deaths from earliest date in town records to present)

Number of long form copies: \_\_\_\_\_

☐ **Short Form** Death Certificate

(Available for deaths from January 01, 2021, to present)

Number of short form copies: \_\_\_\_\_

**Step 5. Payment**

**Make a Money Order or Check payable to:**

East Lyme Town Clerk  
(DO NOT MAIL CASH)

**Amount Enclosed: \$** \_\_\_\_\_

**Or Fill out the Attached Credit Card Authorization**

**Step 6. Where to send your application**

Mail this form, payment, and documents to:

EAST LYME TOWN CLERK  
PO BOX 519

NIANTIC, CT 06357

[kgalbo@eltownhall.com](mailto:kgalbo@eltownhall.com) or [bstevens@eltownhall.com](mailto:bstevens@eltownhall.com)

# Town of

108 Pennsylvania Avenue  
P.O. Box 519  
Karen Miller Galbo  
Office of the Town Clerk



# East Lyme

Niantic, Connecticut 06357  
(860) 739-6931 ext. 1135  
kgalbo@eltownhall.com

## **CREDIT CARD/DEBIT CARD/ELECTRONIC CHECK (ACH) AUTHORIZATION FORM FOR CERTIFIED COPY OF BIRTH, DEATH, OR MARRIAGE CERTIFICATE**

**Please Be Aware of the Following Fees for the use of Credit Cards/Debit Cards/Electronic Checks,  
these fees will be added to the \$20.00 fee for the Certified Copy Being Requested:**

**Credit Cards: 2.50% with a minimum of \$2.00**

**Debit Cards: \$3.50 Flat Fee**

**Electronic Checks (ACH): \$2.00 Flat Fee**

### **CARDHOLDER INFORMATION:**

Name:

Billing Street Address:

City, State, Postal Code:

Country:

Email Address:

Address (If different than billing address)

Telephone:

☐ I authorize a one-time charge against my credit card/debit card/electronic check for the services requested:

### **CARD INFORMATION:**

Type of Card? Debit \_\_\_\_\_ Credit \_\_\_\_\_

MasterCard \_\_\_\_\_

Visa \_\_\_\_\_

American Express \_\_\_\_\_

Discover Card \_\_\_\_\_

Number: \_\_\_\_\_

Expiration Month and Year: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Security Code: \_\_\_\_\_

### **If using Electronic Check:**

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_