



Joseph P. Ganim  
Mayor

City of Bridgeport  
**Department of Health & Social Services**  
Office of Vital Records

Margaret E. Morton Government Center, 999 Broad Street, Bridgeport, CT 06604  
www.Bridgeportct.gov/Health • Telephone: (203) 576-7445 • Fax: (203) 366-4338

Maritza Bond, MPH  
Director of Health  
Albertina Baptista, MPH  
Deputy Director of Health  
Patricia P. Ulatowski  
Assistant Registrar

**DEATH CERTIFICATE**

**Please Print Clearly**

FULL NAME OF DECEASED:

\_\_\_\_\_

First Middle Last

Date of Death: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_

TOWN OF DEATH:

DATE OF BIRTH (Month/Day/Year: \_\_\_\_\_

If Married, Name of Spouse: \_\_\_\_\_

FATHERS'S NAME: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

**Person Making this Request:**

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

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

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: X \_\_\_\_\_

**The legal fee is \$20.00 per copy in cash or money order.**

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