

ID \_\_\_\_\_ Date Requested \_\_\_\_/\_\_\_\_/\_\_\_\_  
**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC HEALTH (DPH)**

**Request for a Certified Copy of a Death Certificate from the Town of Death Vital Records Office**

VS-39DTW Revised: 9/6/2011

**PLEASE PRINT**

**DO NOT MAIL CASH OR PERSONAL CHECKS**

<b>* Full Name of Deceased:</b> (First, Middle, Last):		SEX <input type="checkbox"/> M <input type="checkbox"/> F	<b>Date of Death:</b> (Month/Day/Yr):
<b>Town of Death:</b>	<b>Date of Birth</b> (Month/Day/Yr):	<b>Place of Birth</b> (Town, State or Country):	
<b>Father's Name:</b>	<b>Mother's Name:</b>	<b>If Married, Spouse's Name</b>	

**Person Requesting the Death Certificate:**

**Name:** \_\_\_\_\_  
First Middle Last Name

**Address:** \_\_\_\_\_  
Number Street Town/City State Zip Code

( ) \_\_\_\_\_ **Relationship to Deceased: \*\*** \_\_\_\_\_  
Telephone No. E-mail address (optional)

\_\_\_\_\_ **Signature: X** \_\_\_\_\_  
 Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)

**\*\***  
**Note:** Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director and the surviving spouse or next of kin may obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. All other requesters will receive a certified copy without the decedent's Social Security number.

**If eligible, do you want the decedent's Social Security number on the copy of the certificate?** No: \_\_\_\_\_ Yes: \_\_\_\_\_  
 If "Yes," there is no need for the spouse or next of kin to submit a copy of their ID or proof of relationship to the deceased.

**One Time Fee Waiver for A Copy of a Veteran's Death Certificate:**

Effective 10/1/2011, CT law (C.G.S. §7-74 (c)) allows the **spouse, child or parent** of a deceased veteran to obtain one (1) free copy of the deceased's death certificate **provided the requester presents a copy of their valid Government issued photo I.D. and proof of their relationship to the deceased.** Examples of proof of relationship include a marriage certificate for a spouse, one's own birth certificate, if a child of the deceased, or the deceased's birth certificate, if a parent of the deceased.

**Are you requesting the one time waiver of the \$20.00 fee and enclosing required documentation?** No: \_\_\_\_\_ Yes: \_\_\_\_\_  
 The fee will be waived only if the request includes the required valid ID, proof of relationship to the veteran, **and if the veteran status** is indicated on the death certificate.

**The fee for a copy of a Death Certificate from the State or Town is \$ 20.00 per copy. Personal checks are not accepted.**

**# of Copies Requested:** \_\_\_\_\_ **Amount Enclosed: \$** \_\_\_\_\_ **Fee Waiver Request:** \_\_\_\_\_

**Please mail this request with a Postal Money Order made payable to the *City or Town of death*. For town contact information, refer to the Town Vital Records Directory on the Department of Public Health's Vital Records website.**

**\* Note:** Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at [www.ct.gov/dph](http://www.ct.gov/dph) for town contact information.