

**REQUEST FOR COPY OF DEATH CERTIFICATE**

VS-39D Revised: 6/26/07

**PLEASE PRINT****DO NOT MAIL CASH**

<b>DEATH CERTIFICATE OF:</b>	FULL NAME    FIRST                      MIDDLE                      LAST	SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF DEATH (OR LAST KNOWN TO BE ALIVE)
	PLACE OF DEATH (TOWN)	DATE OF BIRTH (MONTH/DAY/YEAR)	PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)
	FATHER'S NAME	MOTHER'S NAME	IF MARRIED, SPOUSE'S NAME

IN ACCORDANCE WITH C.G.S. §7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

**PERSON MAKING THIS REQUEST:**NAME: \_\_\_\_\_  
FIRST MIDDLE LAST NAMEADDRESS: \_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS (optional): \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE \_\_\_\_\_

SIGNATURE: **X** \_\_\_\_\_**THE LEGAL FEE IS \$20 PER COPY.**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

FEE: \$20 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF DEATH  
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF DEATH  
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN  
at the Department of Public Health website: <http://www.dph.state.ct.us/pb/hist/townclerks.htm>