

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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

VS-39DST Revised: 1/10/2023

PLEASE PRINT

DO NOT MAIL CASH OR PERSONAL CHECKS

Full Name of Deceased: (First, Middle, Last):		SEX	Date of Death: (Month/Day/Yr): *
Town of Death:	Date of Birth (Month/Day/Yr):	Place of Birth (Town, State or Country):	
Father/Parent Name:	Mother/Parent Name:	If Married, Spouse's Name:	

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, 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: ____
Proof of relationship must be submitted, indicating that the requester is eligible to receive the Social Security Number.

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

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 at www.ct.gov/dph.com.