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**

Full Name of Deceased: (First, Middle, Last):		SEX ☐ M ☐ F	**Date of Death:** (Month/Day/Yr): *
Town of Death:	**Date of Birth** (Month/Day/Yr):	**Place of Birth** (Town, State or Country):	
Father's Name:	**Mother's 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 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 at www.ct.gov/dph.com.

* **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 for town contact information.