## 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	PLEASE PRINT DO NOT MAIL CASH OR PERSONAL CHE					
Full Name of Deceased: (First, Middle, Last):			SEX	<b>Date of Death</b>	: (Month/Day/Yr): *	
Town of Death:	Date of I	Date of Birth (Month/Day/Yr):		Place of Birth (Town, State or Country):		
Father/Parent Name:	Mother/l	Mother/Parent Name:		If Married, Spouse's Name:		
Person Requesting the	Death Certificate:		,			
Name:						
First	First Middle		Last Name			
Address:						
Number	Street	Town/City		State	Zip Code	
( )		Relationship To l	Deceased:	**		
Telephone No.	E-Mail Address (optional)					
		Ciamatura. V				
Intended Use of Certified Copy (	e.g. Benefits, Genealogy, etc.)	_ Signature: X				
** Note: Per CT law (C.G.s of kin may obtain a copy of requesters will receive a certification of relationship must be	the death certificate with the deceded copy without the deceded edecedent's Social Section 1.	the decedent's Social Seculent's Social Security Number on the co	arity Numbenber.  opy of the	er listed on the decertificate? N	eath certificate. All other  o:Yes:	
One Time Fee Waiver for A	Copy of a Veteran's Deat	th Certificate:				
CT law (C.G.S. §7-74 (c)) all certificate <b>provided the requ deceased.</b> Examples of pro deceased, or the deceased's bi <b>Are you requesting the one</b> to The fee will be waived only it is indicated on the death certification.	ester presents a copy of the of of relationship include of the certificate, if a parent of the waiver of the \$20.00 for the request includes the re	neir valid Government issa a marriage certificate for f the deceased. fee and enclosing require	sued photo in a spouse, or ed documen	I.D. and proof of the service of the contract	f their relationship to the ertificate, if a child of the  Yes	
The fee for a copy of a De accepted.	ath Certificate from the	e State or Town is \$ 20	0.00 per co	oy. Personal cl	hecks are not	
# of Copies Requested: _	Amount Er	nclosed: \$	Fee	Waiver Reques	st:	

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.