

**CONNECTICUT STATE OFFICE OF VITAL RECORDS
DATA REQUEST FORM for NON-CONFIDENTIAL DATA**



REQUESTOR DETAILS

Name:	
Job title:	
Organization Name:	
Organization Type:	<input type="checkbox"/> CT Local Health Department or District <input type="checkbox"/> CT DPH Internal Program <input type="checkbox"/> CT Hospital <input type="checkbox"/> CT State Agency <input type="checkbox"/> College or University <input type="checkbox"/> Individual/General Public <input type="checkbox"/> For-profit/Business <input type="checkbox"/> Media <input type="checkbox"/> Other: Government <input type="checkbox"/> Other: NGO/NPO/501(c)(3) <input type="checkbox"/> Other (specify): _____
Address	
Telephone:	
Email:	

PROJECT/STUDY INFORMATION

Please describe the purpose of the request and the intended use of the data:

Indicate who will have access to the data:

FEES

The processing fee for vital records data is \$50 per hour (or any part thereof) of the analyst’s time. Upon receipt of your request, an analyst will calculate an estimated processing fee based on his/her estimate of the time needed to process your request. The estimated fee will be communicated via the contact email listed in your request. Once your request has been processed, the analyst will notify you with the final fee which may be more or less than the estimated fee. **You must pay for your order before receiving the data with a check or money order made payable to “Treasurer, State of Connecticut”.** Upon receipt of payment, the analyst will send you the data files.

- I acknowledge that there is a fee for all data requests handled by the Office of Vital Records and that requested data will not be provided until payment has been received.*
- I wish to request a waiver of the fee which may be granted at the discretion of the Vital Registrar.*

See other side for specification of data elements.

REQUESTED DATA ELEMENTS	
Vital Record Type:	
Marriages <input type="checkbox"/> Record level data are available for marriages that occurred in CT for 2000-present.	Deaths* <input type="checkbox"/> Record-level data are available for persons who died in CT. For 2005-present, most but not all fields on the US Certificate of Death are available. For 1990-2004, older versions of the certificate were used and are not fully compatible with 2005+.
Aggregate Births** <input type="checkbox"/> Aggregate birth data are tables of counts with associated percentage or rate calculations. For 2000-2015, data from the 1989 revision of the US Certificate of Birth are available. 2016-present, data from the 2003 revision of the US Certificate of Birth are available. Data items are not always compatible between revisions.	
*Social Security Numbers are fully restricted by Connecticut State Statute and are not available for any request. **Any request for confidential data will be directed to the Human Investigations Committee .	
Year(s):	Individually <input type="checkbox"/> or Aggregated <input type="checkbox"/>
Subsetting of records: <i>E.g., limiting data ranges to certain causes of death, age ranges, sex, race or ethnicity, geographic area (towns, zip codes), etc.</i>	
Stratification (by-group) variables: <i>For aggregate data only.</i>	
Requested data fields/variables*: <i>E.g., decedent's name, town of residence, low birthweight, race, etc. Data dictionaries are available upon request.</i>	
Requested Data Format:	Excel <input type="checkbox"/> CSV <input type="checkbox"/> SAS7BDAT <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Requested Delivery Method:	Email attachment <input type="checkbox"/> SFTP <input type="checkbox"/> Networked Secure Folder (DPH Only) <input type="checkbox"/> Webpage upload (files > 40 MB) <input type="checkbox"/> Other: _____ <input type="checkbox"/>
Other information necessary to complete this request:	
Requested deadline for receipt of data: <i>Please allow two weeks.</i>	<i>Please give date and reason.</i>
Signature:	Date:

Send completed electronic REQUEST FORMS to: DPH.VitalStats@ct.gov 860-509-7658

Mail payment along with a copy of the request form to:

Vital Records – Data Requests
CT Department of Public Health
410 Capitol Avenue, MS#11VRS
P.O. Box 340308
Hartford, CT 06134-0308