VS-39DST
Revised: 01/2017

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH (DPH)

Request for a Certified Copy of a DEATH CERTIFICATE from the STATE VITAL RECORDS OFFICE

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 surviving spouse, next of kin, or funeral director who is acting on behalf of an eligible family member, 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: _____
You must provide proof of eligibility.

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 a 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 certified copy of a Death Certificate from the State is $ 20.00 per copy. Personal checks are not accepted.

# of Copies Requested: _____ Amount Enclosed: $ _____ Fee Waiver Request: _____

Please send this request with a *Postal Money Order* made payable to the: *'Treasurer, State of CT,' to:*

Connecticut Department of Public Health
Vital Records Section
Customer Services, MS # 11 VRS
Hartford, CT 06134-0308

* **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.