VS-39DST Revised: 01/2023

STATE OF CONNECTICUT **DEPARTMENT OF PUBLIC HEALTH (DPH)**

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

PLEASE PRIN	IT		DO NOT MAIL CASH OR PERSONAL CHECKS					
Full Name of Dece	ased: (First, Mic			SEX	Date of Death:	(Month/Day/Yr):		
Town of Death:			Date of Birth (Month/Day/Yr):		Place o	Place of Birth (Town, State or Country):		
Father's Name:		Mother'	Mother's Name:		If Married, Spouse's Name:			
Person Reques	ting the Dea	th Certificate:						
Name:			Middle		Last Name			
Address:	oer	Street		Town/City		State	Zip Code	
()			Rela	Relationship To De		eased: **		
Telephone No. E-Mail Address (optional)								
			Sign	ature: X				
Intended Use of	Certified Copy (e.	g. Benefits, Genealogy, e						
director who is ac Security number li number.	ting on behalf sted on the de uwant the de	of an eligible fami ath certificate. All ecedent's Social So	ly member, mand other requeste	ay obtain a cop rs will receive a	y of the de certified co	ath certificate vopy without the	se, next of kin, or funeral vith the decedent's Social decedent's Social SecurityYes:	
One Time Fee Wai	ver for A Copy	of a Veteran's Dea	th Certificate:					
provided the requ Examples of proof the deceased's bir Are you requesting	ester presents of relationship th certificate, in g the one time wed only if the	a copy of their va o include a marriag fa parent of the dec waiver of the \$20. request includes the	lid governmen e certificate fo ceased. 00 fee and end	t issued photo ra spouse, one closing required	I.D. and prosect of the control of t	oof of their related controls of their related controls of their relation? No:	opy of a death certificate tionship to the deceased. child of the deceased, or Yesnd if the veteran status	
The fee for a cer	tified copy of	a Death Certifica	te from the S	tate is \$ 20.00	per copy.	Personal chec	ks are not accepted.	
# of Copies Requ	ested:	Amount E	Enclosed: \$ _	Fee	Waiver R	equest:		

Please send this request with a <u>Postal Money Order</u> made payable to the: <u>'Treasurer, State of CT,'</u> 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.