## Request for a Certified Copy of a Death Certificate from the Town/City of Death

VS-39D Revised: 9-0-09

PLEASE PRINT

## DO NOT MAIL CASH

	Full Name of Deceased:		SEX	Date of Death *
Death	First Middle	Last		(Month/Day/Yr):
Certificate of:				
01.	Town of Death:	Date of Birth (Month/Day/Yr):	Place	of Birth (Town, State or Foreign
			Country):	
	Father's Name:	Mother's Name:	If Married, Spouse's Name:	
PLEASE NOTE:	In accordance C.G.S. §7-51A, for deaths of death continued with the decadent's Soc	occurring on or after July 1, 1997, or	nly the su	rviving spouse or next of kin may  e. The Funeral Director who was in
obtain a copy of the death certificate with the decedent's Social Security number listed on the death certificate. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within				
60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, others than those approved by the Department of Public Health, will receive a certified copy of the death certificate				
without the decede	ent's Social Security number.	, , , , , , , , , , , , , , , , , , ,		
PERSON MA	AKING THIS REQUEST:			
Name:	First	Middle	Las	st Name
		windate	Zuc	
Address:	Number	G		
		Street		
Town/City: _		State:	_ Zi	p Code:
Telephone No.:		E-Mail Address (optional):		
Relationship	To Deceased:	A CONTRACTOR OF THE PROPERTY O		
Signature: X				
	copy of a Death Certificate from Do not mail cash.	n the State or Town is \$ 20.0	0 per c	opy. Personal checks are
Number of Copies Requested:		Amount Enclosed: \$		
Please send this request with a <u>Postal Money Order</u> made payable to the City or Town				
Mail this request to the City/Town (for town contact information, refer to our website at www.ct.gov/dph.com).				

<sup>\*</sup> 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 <a href="https://www.ct.gov/dph">www.ct.gov/dph</a> for town contact information.