

## VS-39D Revised: 6/26/07

DO NOT MAIL CASH

<b>DEATH CERTIFICATE OF:</b>	<b>FULL NAME</b> FIRST                      MIDDLE                      LAST		<b>SEX</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>DATE OF DEATH</b> (OR LAST KNOWN TO BE ALIVE)
	<b>PLACE OF DEATH</b> (TOWN)		<b>DATE OF BIRTH</b> (MONTH/DAY/YEAR)	<b>PLACE OF BIRTH</b> (TOWN, STATE OR FOREIGN COUNTRY)
	<b>FATHER'S NAME</b>		<b>MOTHER'S NAME</b>	<b>IF MARRIED, SPOUSE'S NAME</b>

IN ACCORDANCE WITH C.G.S. §7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

NAME: \_\_\_\_\_

FIRST                      MIDDLE                      LAST NAME

ADDRESS: \_\_\_\_\_  
 NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: \_\_\_\_\_ E-MAIL ADDRESS (optional): \_\_\_\_\_

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE

SIGNATURE: **X**

**THE LEGAL FEE IS £ 20.00**

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ATTACHED: \$ \_\_\_\_\_

Fee: \$20.00 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF DEATH  
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE TOWN/CITY OF DEATH  
FOR TOWN CLERK ADDRESSES PLEASE SEE ALPHABETICAL LISTING BY TOWN  
at the Department of Public Health website: <http://www.dph.state.ct.us/pb/hisr/townclerks.htm>