REQUEST FOR COPY OF DEATH CERTIFICATE
VS-390 - Revised 4/27/96

PLEASE PRINT

DO NOT MAIL CASH

<table>
<thead>
<tr>
<th>DEATH CERTIFICATE OF:</th>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SEX</th>
<th>DATE OF DEATH (OR LAST KNOWN TO BE ALIVE)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACE OF DEATH (TOWN)</td>
<td>DATE OF BIRTH (MONTH/DAY/YEAR)</td>
<td>PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)</td>
<td>FATHER’S NAME</td>
<td>MOTHER’S NAME</td>
<td>IF MARRIED, SPOUSE’S NAME</td>
<td></td>
</tr>
</tbody>
</table>

IN ACCORDANCE WITH C.G.S. §7-31a, 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 DECEASED. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THIS REQUEST:

NAME: ___________________________________________ ___________________________
FIRST                      MIDDLE                      LAST NAME
ADDRESS: ___________________________________________
NUMBER ___________________________________________
TOWN/CITY: _______________ STATE: ___________ ZIP CODE: ___________
TELEPHONE NO.: __________________ E-MAIL ADDRESS (optional):
RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: _______________________

SIGNATURE: X ___________________________________________

THE LEGAL FEE IS $20 PER COPY.
NUMBER OF COPIES WANTED: __________________________ AMOUNT ATTACHED: $______

FEE: $20 PER COPY MONEY ORDER MADE PAYABLE TO THE TOWN/CITY OF DEATH.
MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK A1 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/ops/townclerks.htm

SARAH V. BECKER
Town Clerk
302 Main Street
Old Saybrook, CT 06475