

**REQUEST FOR COPY OF DEATH CERTIFICATE**

VS-39D . Revised: 4/27/06

**PLEASE PRINT**

**DO NOT MAIL CASH**

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

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

**PERSON MAKING THIS REQUEST:**

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 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 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/oppe/townclerks.htm>

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