STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

REQUEST FOR A STATE CERTIFIED COPY OF DEATH RECORD
VS-39DST Revised: 12/9/03

PLEASE PRINT **DO NOT MAIL CASH**

DEATH CERTIFICATE OF:	FULL NAME FIRST MIDDLE LAST		SEX ☐ M ☐ 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	

PLEASE NOTE: THE SOCIAL SECURITY NUMBER OF THE DECEDENT IS CONFIDENTIAL IN ACCORDANCE WITH PA 97-7. AS SUCH, ONLY SPECIFIC INDIVIDUALS, APPROVED BY THE DEPARTMENT OF PUBLIC HEALTH, WILL BE ISSUED CERTIFIED COPIES OF DEATH CERTIFICATES INCLUDING THE SOCIAL SECURITY NUMBER OF THE DECEDENT.

ALL OTHER CERTIFIED COPIES WILL MASK THE SOCIAL SECURITY NUMBER OF THE DECEDENT TO COMPLY WITH THE PROVISIONS OF PA 97-7.

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER STREET

TOWN/CITY: _____ STATE: _____ ZIP CODE: _____

SIGNATURE: **X** _____

THE LEGAL FEE IS $5.00 PER COPY.
NUMBER OF COPIES WANTED: _____ AMOUNT ATTACHED: $_____

FEE: $5.00 PER COPY. PLEASE ENCLOSE A CHECK OR MONEY ORDER MADE PAYABLE TO **'TREASURER STATE OF CT'**

MAIL THIS REQUEST WITH PAYMENT TO:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
VITAL RECORDS SECTION,
CUSTOMER SERVICES, MS # 11 VRS
P.O. BOX 340308
HARTFORD, CT 06134-0308