## STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

## REQUEST FOR A STATE CERTIFIED COPY OF DEATH RECORD

VS-39DST Revised: 9/18/2007

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 (	DF BIRTH (TOWN, STATE OR FOREIGN
	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	LAS	T NAME
ADDRESS:	NUMBER	STREET		
TOWN/CITY:		STATE:	ZIP	CODE:
	: E-MAIL ADDRESS (optional):			
THE LEGAL FEE IS \$10.00 PER COPY.  NUMBER OF COPIES WANTED: AMOUNT ATTACHED: \$				

FEE: \$10.00 PER COPY. PLEASE ENCLOSE A *MONEY ORDER* MADE PAYABLE TO 'TREASURER STATE OF CT' (Personal Checks are not accepted)

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