

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Request for a Certified Copy of a Death Certificate from the Town of Death Vital Records Office

VS-39DST Revised: 1/10/2023

PLEASE PRINT

CASH OR PERSONAL CHECKS

Full Name of Deceased: (First, Middle, Last):		SEX	Date of Death: (Month/Day/Yr):
Town of Death:	Date of Birth (Month/Day/Yr):	Place of Birth (Town, State or Country):	
Father/Parent Name:	Mother/Parent Name:	If Married, Spouse's Name:	

Person Requesting the Death Certificate:

Name: _____
First
Middle
Last Name

Address: _____
Number
Street
Town/City
State
Zip Code

(_____) _____ **Relationship To Deceased: **** _____
 Telephone No. E-Mail Address (optional)

Signature: X _____
 Intended Use of Certified Copy (e.g. Benefits, Genealogy, etc.)

**** Note:** Per CT law (C.G.S. §7-51A), for deaths occurring on or after July 1, 1997, only the Funeral Director, surviving spouse or next of kin may obtain a copy of the death certificate with the decedent's Social Security Number listed on the death certificate. All other requesters will receive a certified copy without the decedent's Social Security Number.

If eligible, do you want the decedent's Social Security Number on the copy of the certificate? No: ____ Yes: ____
 Proof of relationship must be submitted, indicating that the requester is eligible to receive the Social Security Number.

One Time Fee Waiver for A Copy of a Veteran's Death Certificate:

CT law (C.G.S. §7-74 (c)) allows the **spouse, child or parent** of a deceased veteran to obtain one (1) free copy of the deceased's death certificate **provided the requester presents a copy of their valid Government issued photo I.D. and proof of their relationship to the deceased.** Examples of proof of relationship include a marriage certificate for a spouse, one's own birth certificate, if a child of the deceased, or the deceased's birth certificate, if a parent of the deceased.

Are you requesting the one time waiver of the \$20.00 fee and enclosing required documentation? No: ____ Yes: ____
 The fee will be waived only if the request includes the required valid ID, proof of relationship to the veteran, **and if the veteran status** is indicated on the death certificate.

The fee for a copy of a Death Certificate from the State or Town is \$ 20.00 per copy. Personal checks are accepted.

of Copies Requested: _____ **Amount Enclosed: \$** _____ **Fee Waiver Request:** _____

Please mail this request with cash or check made payable to the Town of Killingworth