**REQUEST FOR COPY OF DEATH CERTIFICATE**
VS-39D Revised: 6/26/07

**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 | |

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 SOCAL 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 _____

$20.00 Per Copy AMOUNT ATTACHED: $ _____

Mailing Address: Town Clerk
29 West Avenue
Essex, CT 06426