STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH (DPH)

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

VS-39DTW Revised: 9/6/2011

PLEASE PRINT DO NOT MAIL CASH OR PERSONAL CHECKS

Full Name of Deceased: (First, Middle, Last):		SEX ☐ M ☐ F	Date of Death: (Month/Day/Yr): *
Town of Death:	Date of Birth (Month/Day/Yr):	Place of Birth (Town, State or Country):	
Father's Name:	Mother's 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 and the 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: _____
If "Yes," there is no need for the spouse or next of kin to submit a copy of their ID or proof of relationship to the deceased.

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

Effective 10/1/2011, 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.

# of Copies Requested: _____ Amount Enclosed: $ _____ Fee Waiver Request: _____

Please mail this request along with a check and money order and photocopy of picture ID to:
Essex Town Clerk's Office 29 West Avenue Essex, CT 06426

For town contact information, refer to the Town Vital Records Directory on the Department of Public Health's Vital Records website at www.ct.gov/dph.com.

* Note: Copies of death or marriage certificates for events that occurred less than 4 months prior to the date of the request should be sent to the Vital Records office in the town of the event. Refer to our website at www.ct.gov/dph for town contact information.