

STATE OF CONNECTICUT

TOWN OF: _____
Registrar of Vital Statistics

Death Certificate Request Form - Page 1 of 2

PLEASE PRINT CLEARLY

Step 1. Information about the person who died

Full Name (First, Middle, Last): _____

Date of Death: _____ Town Where Death Happened: _____

Date of Birth: _____

Place of Birth (State or Country): _____

Mother's/Parent's Full Name: _____

Father's/Parent's Full Name: _____

If married when they died, Spouse's Full Name: _____

Step 2. Your information

Your Full Name: _____

Your Address: _____
Street, Apt/Unit, City/Town, State, Zip Code, Country (if outside U.S.)

Your Phone Number: _____

Your Email (optional): _____

Step 3. Your relationship to the person

Check one box:

- ☐ Any Person 18 years of age or older ☐ Genealogist
☐ Informant ☐ Next of Kin ☐ Surviving Spouse

IMPORTANT: If the person died on or after July 1, 1997, only the informant named on the certificate, the surviving spouse, and next of kin, can get a copy with the Social Security Number.

Do you want the Social Security Number on the copy?

No: ☐

Yes: ☐ If you check yes, you must show proof of identity and proof of your relationship.

If you are the informant or surviving spouse, your name must be on the certificate.

If you do not provide proof, you will get a copy without the Social Security Number.

Sign Here: _____

PLEASE SEE PAGE 2 (OR BACK SIDE OF THIS FORM) TO COMPLETE

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Step 4. Choose the type of copy and number of copies

Veteran Fee Waiver:

If the person was a veteran, the spouse, child, or parent can get **ONE** free copy.
The death certificate has to say the person was a veteran.

You must include a valid photo ID and proof of relationship (examples: birth certificate shows you as child or parent, death certificate shows you as spouse)

Are you asking for the free copy?

☐ **No**, then select the type of death certificate and number of copies below

☐ **Yes**, One Long Form ☐ **Yes**, One Short Form

If you apply for the **one** free veteran copy and want more copies, fill out another application for those and include your payment.

If you requested the one free copy, Skip to Step 6.

Select Type of Copy and Number of Copies

Each certified copy is \$20.00.

☐ **Long Form** Death Certificate

(Available for deaths from earliest date in town records to present)

Number of long form copies: _____

☐ **Short Form** Death Certificate

(Available for deaths from January 01, 2021, to present)

Number of short form copies: _____

Step 5. Payment

Make a **Money Order or Check** payable to:

The Name of the City or Town Where You are Sending Your Request

(DO NOT MAIL CASH)

Amount Enclosed: \$ _____

Step 6. Where to send your application

Mail this form, payment, and documents to:

The town you are requesting the copy of the death certificate from.

You can look up the town contact information on the Department of Public Health's Vital Records

Contact Us Page

at [dph/vital-records/contact-us](https://dph.vital-records/contact-us)

City/Town Name: _____

Mailing Address: _____

City/Town, State, Zip Code _____