VS-39DST
Revised: 10/2026

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH (DPH)
Office of Vital Records (OVR)

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:_____ (Records are available from July 01, 1897, to present)

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: 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 — Number of long form copies:_____
(Available for deaths from July 01, 1897, to present)

☐**Short Form** Death Certificate — Number of short form copies:_____
(Available for deaths from January 01, 2021, to present)

Step 5. Payment

Make a Money Order, Business Check or Cashier's Check payable to:

'Treasurer, State of CT'
(Personal checks are not accepted; DO NOT MAIL CASH)

Amount Enclosed: $_____

Step 6. Where to send your application

Mail this form, payment, and documents to:

State of Connecticut
Department of Public Health: Office of Vital Records
Attn: Customer Services
410 Capitol Ave, MS # 11VRS
Hartford, CT 06134-0308

Print Form