

# CITY OF NEW HAVEN

## Health Department



165 Church Street, Suite 154 • New Haven, Connecticut 06510 • 203-946-8084

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

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**PLEASE PRINT**

**DO NOT MAIL CASH OR PERSONAL CHECKS**

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

**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 not accepted.**

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

**Please mail this request with a Postal Money Order made payable to the *City or Town of death.***

**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](http://www.ct.gov/dph.com).**