

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

DO NOT MAIL CASH OR PERSONAL CHECKS

<u>Full Name of Deceased:</u> (First, Middle, Last):		SEX <input type="checkbox"/> M <input type="checkbox"/> F	<u>Date of Death:</u> (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:	

* **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.