

Request for a Certified Copy of a Death Certificate

VS-39DST Revised: 9/6/2011

PLEASE PRINT

DO NOT MAIL CASH

Full Name of Deceased: (First, Middle, Last):		SEX <input type="checkbox"/> M <input type="checkbox"/> 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. **A driver's license (or copy if mailed) must be provided to prove identity.** All other requesters will receive a certified copy without the decedent's Social Security number.

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 send this request with a check made payable to the: **'Ridgefield Town Clerk,'** to:

Ridgefield Town Clerk
400 Main Street
Ridgefield, CT 06877