REQUEST FOR A CERTIFIED COPY OF A BIRTH RECORD FROM THE TOWN

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Records offices in Connecticut, please refer to the Town website or the DPH website at www.ct.gov/dph.

PLEASE PRINT

FULL NAME ON CERTIFICATE*: _____
FIRST MIDDLE LAST NAME

DATE OF BIRTH: ____/____/____ **PLACE OF BIRTH:** _____
MONTH DAY YEAR TOWN/CITY

FATHER'S FULL NAME: _____
FIRST MIDDLE LAST NAME

MOTHER'S MAIDEN NAME: _____
FIRST MIDDLE LAST NAME

PERSON MAKING THIS REQUEST:

NAME: _____
FIRST MIDDLE LAST NAME

ADDRESS: _____
NUMBER/STREET/UNIT #

TOWN/CITY: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NO: _____ **E-MAIL ADDRESS:** _____

SIGNATURE: X _____

RELATION TO PERSON NAMED ON CERTIFICATE: _____

REASON FOR MAKING REQUEST: _____

CERTIFICATE SIZE:

FULL SIZE	WALLET SIZE	TOTAL NUMBER OF COPIES:
$20.00 EACH	The wallet size birth certificate contains less information than the full size certificate. It does not satisfy the proof of identification requirements needed for a passport or a driver's license. **$15.00 EACH**	_____ X $20.00 = $ _____
NUMBER OF COPIES: _____	NUMBER OF COPIES: _____	_____ X $15.00 = $ _____
		TOTAL: $ _____
		Send Postal Money Order Only. Do Not Mail Cash or Personal Checks.

Attach a copy of the requester's valid government issued photo ID or passport below:

Or two (2) forms of the following:

- **Social security (SS) card**
- **Paycheck Stub or a W-2 form that contains the SS #**
- **Current school or college photo ID**
- **Automobile registration**
- **Copy of utility bill or bank statement showing name and address**
- **See website ct.gov\dph for other forms of ID accepted**

Please mail the completed request with the following required documents:

Money order made payable to City/Town (refer to the Town or DPH website cited above)

Current government issued photo ID

(If applicable) verification of relationship to the registrant (for example, an individual requesting his/her parent's birth certificate must provide a certified copy of his/her own birth certificate).

*If adopted, please provide your adoptive name and adoptive parents' information.

*If the requester had a legal name change, please provide a copy of the court documents authorizing the name change.

Birth Request form from Town Rev. 5-2012

Request for a Certified Copy of Marriage Record from the Town/City Vital Records

VS-39M Revised: 9/10/2009

Mail this request to the Town Vital Records office. For the address and phone number of Town Vital Record offices in Connecticut, please refer to our website at www.ct.gov/dph.com.

PLEASE PRINT **DO NOT MAIL CASH**

Groom/Spouse	**Full Legal Name Before Marriage** First	Middle	Last
Bride/Spouse	**Full Legal Name Before Marriage** First	Middle	Last
Date of Marriage * (Month/Day/Year))	**Town of Marriage**		

PLEASE NOTE: In accordance with C.G.S. §7-51A, only the bride, groom or spouse listed on the marriage certificate or other persons authorized by the Department of Public Health, shall be issued a certified copy of a marriage certificate containing the Social Security numbers of the bride, groom or spouse. All other requesters will receive a certified copy of the marriage certificate without the social security numbers.

PERSON MAKING THIS REQUEST:

Name:

_____
First Middle Last Name

Address:

_____
Number Street

Town/City: _____ **State:** _____ **Zip Code:** _____

Telephone No.: _____ E-Mail Address: (optional): _____

Relation to Person Named in Certificate: _____

Signature: _____

The fee for a copy of Marriage Certificate at the State or Town is $20.00 per copy.

Number of Copies Requested: _____ **Amount Enclosed: $**_____

FEE: $20.00 PER COPY. Remit a *Postal Money Order* made payable to the *City/Town*
(Personal Checks are not accepted)

Mail this request to the *City/Town* (for town contact information, refer to our website at www.ct.gov/dph).

* **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.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH (DPH)

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

VS-39DTW Revised: 9/6/2011

PLEASE PRINT **DO NOT MAIL CASH OR PERSONAL CHECKS**

Full Name of Deceased: (First, Middle, Last):		SEX ☐ M ☐ 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. 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: _____
If "Yes," there is no need for the spouse or next of kin to submit a copy of their ID or proof of relationship to the deceased.

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. 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.

* **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.