

# Request for a Certified Copy of a Death Certificate from the Town of Salisbury

VS-39D Revised: 9-0-09

**PLEASE PRINT**

**DO NOT MAIL CASH**

<b>Death Certificate of:</b>	<b><u>Full Name of Deceased:</u></b> First                      Middle                      Last		SEX <input type="checkbox"/> M <input type="checkbox"/> F	<b><u>Date of Death *</u></b> (Month/Day/Yr):
	<b><u>Town of Death:</u></b>	<b><u>Date of Birth</u></b> (Month/Day/Yr):	<b><u>Place of Birth</u></b> (Town, State or Foreign Country):	
	<b><u>Father's Name:</u></b>	<b><u>Mother's Name:</u></b>	<b><u>If Married, Spouse's Name:</u></b>	

**PLEASE NOTE:** In accordance C.G.S. §7-51A, for deaths occurring on or after July 1, 1997, only 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. The Funeral Director who was in charge of the disposition of the body may also obtain the death certificate with the Social Security number if the request for such certificate is within 60 days of the date of disposition. After this period, the Funeral Director may only receive death certificates with the Social Security number redacted. All other requesters, others than those approved by the Department of Public Health, will receive a certified copy of the death certificate without the decedent's Social Security number.

**PERSON MAKING THIS REQUEST:**

**Name:** \_\_\_\_\_  
First
Middle
Last Name

**Address:** \_\_\_\_\_  
Number
Street

**Town/City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_ **E-Mail Address (optional):** \_\_\_\_\_

**Relationship To Deceased:** \_\_\_\_\_

**Signature:** X \_\_\_\_\_

**The fee for a copy of a Death Certificate from the State or Town is \$ 20.00 per copy. Personal checks are accepted. Do not mail cash.**

**Number of Copies Requested:** \_\_\_\_\_ **Amount Enclosed: \$** \_\_\_\_\_

**Please send this request with a personal check or money order made payable to: SALISBURY TOWN CLERK**

**Mail this request to: TOWN CLERK, PO BOX 548, SALISBURY, CT 06068**

**PLEASE INCLUDE A PHOTOCOPY OF YOUR DRIVER'S LICENSE**