

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.

Request for a Certified Copy of a Death Certificate from the Town/City of Death

VS-39D Revised: 9-0-09

PLEASE PRINT

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

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 not accepted. Do not mail cash.

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

Please send this request with a Postal Money Order made payable to the *City or Town*

Mail this request to the City/Town (for town contact information, refer to our 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.

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 our 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:

<input type="checkbox"/> FULL SIZE \$20.00 EACH NUMBER OF COPIES: _____	<input type="checkbox"/> WALLET SIZE The wallet size birth certificate contains less information than the full size certificate. It may not satisfy all proof of identification requirements such as those needed for a passport. \$15.00 EACH NUMBER OF COPIES: _____	TOTAL NUMBER OF COPIES: _____ X \$20.00 = \$ _____ _____ X \$15.00 = \$ _____ TOTAL: \$ _____ PLEASE DO NOT MAIL CASH.
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Attach a copy of the requester's valid government issued photo ID or passport below: Or two (2) forms of the following: <ul style="list-style-type: none"> - Social security card - Written verification of identity from employer - Automobile registration - Copy of utility bill showing name and address - Voter's registration card 	Please make sure to mail the completed request with the following requirements: <ul style="list-style-type: none"> <input type="checkbox"/> Money order made payable to City/Town (check our website stated above) <input type="checkbox"/> Current government issued photo ID <input type="checkbox"/> (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).
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*If adopted, please provide your adoptive name and adoptive parents' information.

*If you had your name legally changed, please provide a copy of the court documents authorizing the name change.