REQUEST FOR COPY OF DEATH CERTIFICATE
VS-39D  Revised: 10/17/2009

PLEASE PRINT

DEATH CERTIFICATE OF:

<table>
<thead>
<tr>
<th>FULL NAME</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>LAST</th>
<th>SEX</th>
<th>DATE OF DEATH (OR LAST KNOWN TO BE ALIVE)</th>
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PLACE OF DEATH (TOWN) DATE OF BIRTH (MONTH/DAY/YEAR) PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)

FATHER’S NAME MOTHER’S NAME IF MARRIED, SPOUSE’S NAME

IN ACCORDANCE WITH C.G.S. §7-51a, FOR ANY DEATH OCCURRING AFTER JULY 1, 1997, ONLY THE PARTIES SPECIFIED ON THE DEATH CERTIFICATE, SUCH AS INFORMANT, LICENSED FUNERAL DIRECTOR, LICENSED EMBALMER, CONSERVATOR, SURVIVING SPOUSE, PHYSICIAN, TOWN CLERK, OR REGISTRAR, OR OTHER PERSONS AS AUTHORIZED BY THE DEPARTMENT OF PUBLIC HEALTH, SHALL BE ISSUED A CERTIFIED COPY OF A DEATH CERTIFICATE CONTAINING THE SOCIAL SECURITY NUMBER OF THE DECEDENT. ALL OTHER REQUESTERS WILL RECEIVE A CERTIFIED COPY OF THE DEATH CERTIFICATE WITHOUT THE SOCIAL SECURITY NUMBER.

PERSON MAKING THIS REQUEST:

NAME: ____________________________ ____________________________ ____________________________

ADDRESS: __________________________________________________________

TOWN/CITY: _______________________ STATE: _______________________ ZIP CODE: _______________________

TELEPHONE NO.: _______________________ E-MAIL ADDRESS (optional): __________________________

RELATIONSHIP TO PERSON NAMED IN CERTIFICATE: ____________________________

SIGNATURE: X ____________________________

THE LEGAL FEE IS $20.00 PER COPY.

NUMBER OF COPIES WANTED: _______________________ AMOUNT ATTACHED: _______________________

FEE: $20.00 PER COPY CHECK OR MONEY ORDER MADE PAYABLE TO THE BRANFORD TOWN CLERK.

MAIL THIS REQUEST WITH PAYMENT TO THE TOWN CLERK AT THE ADDRESS BELOW.

Mail to: Branford Town Clerk’s Office
Registrar of Vital Statistics
PO Box 150
Branford, CT 06405

ATTACH A COPY OF PICTURE IDENTIFICATION HERE: