REQUEST FOR COPY OF DEATH CERTIFICATE
VS-39D

PLEASE PRINT

DO NOT MAIL CASH

<table>
<thead>
<tr>
<th>DEATH CERTIFICATE OF:</th>
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</thead>
<tbody>
<tr>
<td>FULL NAME</td>
<td>FIRST</td>
<td>MIDDLE</td>
<td>LAST</td>
<td>SEX</td>
<td>DATE OF DEATH</td>
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<td></td>
<td></td>
<td>M</td>
<td>(OR LAST KNOWN TO BE ALIVE)</td>
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<td>F</td>
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<tr>
<td>PLACE OF DEATH (TOWN)</td>
<td></td>
<td>DATE OF BIRTH (MONTH/DAY/YEAR)</td>
<td></td>
<td>PLACE OF BIRTH (TOWN, STATE OR FOREIGN COUNTRY)</td>
<td></td>
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<tr>
<td>FATHER'S NAME</td>
<td></td>
<td>MOTHER'S NAME</td>
<td></td>
<td>IF MARRIED, SPOUSE'S NAME</td>
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</tr>
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</table>

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: ____________________________

THE LEGAL FEE IS $20.00 PER COPY.

NUMBER OF KopIES WANTED: ____________________________

AMOUNT ATTACHED: ____________________________

FEE: $20.00 PER COPY. CHECK OR MONEY ORDER MADE PAYABLE TO THE TOWN OF NEW CANAAN. MAIL THIS REQUEST WITH PAYMENT TO TOWN CLERK, P. O. BOX 447, NEW CANAAN, CT 06840.