

STATE OF CONNECTICUT

TOWN OF: PROSPECT  
Registrar of Vital Statistics

Death Certificate Request Form - Page 1 of 2

PLEASE PRINT CLEARLY

Step 1. Information about the person who died

Full Name (First, Middle, Last): \_\_\_\_\_

Date of Death: \_\_\_\_\_ Town Where Death Happened: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth (State or Country): \_\_\_\_\_

Mother's/Parent's Full Name: \_\_\_\_\_

Father's/Parent's Full Name: \_\_\_\_\_

If married when they died, Spouse's Full Name: \_\_\_\_\_

Step 2. Your information

Your Full Name: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street, Apt/Unit, City/Town, State, Zip Code, Country (if outside U.S.)

Your Phone Number: \_\_\_\_\_

Your Email (optional): \_\_\_\_\_

Step 3. Your relationship to the person

Check one box:

- ☐ Any Person 18 years of age or older    ☐ Genealogist  
☐ Informant    ☐ Next of Kin    ☐ Surviving Spouse

**IMPORTANT:** If the person died on or after July 1, 1997, only the informant named on the certificate, the surviving spouse, and next of kin, can get a copy with the Social Security Number.

**Do you want the Social Security Number on the copy?**

No: ☐

Yes: ☐ If you check yes, you must show proof of identity and proof of your relationship.  
If you are the informant or surviving spouse, your name must be on the certificate.

If you do not provide proof, you will get a copy without the Social Security Number.

Sign Here: \_\_\_\_\_

PLEASE SEE PAGE 2 (OR BACK SIDE OF THIS FORM) TO COMPLETE

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**Step 4. Choose the type of copy and number of copies**

**Veteran Fee Waiver:**

If the person was a veteran, the spouse, child, or parent can get **ONE** free copy.  
The death certificate has to say the person was a veteran.

You must include a valid photo ID and proof of relationship (examples: birth certificate shows you as child or parent, death certificate shows you as spouse)

Are you asking for the free copy?

☐ **No**, then select the type of death certificate and number of copies below

☐ **Yes**, One Long Form      ☐ **Yes**, One Short Form

If you apply for the **one** free veteran copy and want more copies, fill out another application for those and include your payment.

If you requested the one free copy, Skip to Step 6.

**Select Type of Copy and Number of Copies**

**Each certified copy is \$20.00.**

☐ **Long Form** Death Certificate  
(Available for deaths from earliest date in town records to present)

Number of long form copies: \_\_\_\_\_

☐ **Short Form** Death Certificate  
(Available for deaths from January 01, 2021, to present)

Number of short form copies: \_\_\_\_\_

**Step 5. Payment**

**Make a Money Order or Check payable to:**

**The Name of the City or Town Where You are Sending Your Request**  
(DO NOT MAIL CASH)

**Amount Enclosed: \$ \_\_\_\_\_**

**Step 6. Where to send your application**

Mail this form, payment, and documents to:

The town you are requesting the copy of the death certificate from.

You can look up the town contact information on the Department of Public Health's Vital Records

Contact Us Page

at [dph/vital-records/contact-us](http://dph/vital-records/contact-us)

City/Town Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/Town, State, Zip Code \_\_\_\_\_