

## Death Certificate

Please print out this form and return to:

City of North Adams - City Clerk  
10 Main Street  
North Adams, MA 01247

**Requests submitted through the mail will be processed on the date they are received.**

Full name of person on the record of death

\_\_\_\_\_  
First Middle Last

Date of Death

\_\_\_\_\_  
Month Day Year

Exact Location of this Death

\_\_\_\_\_  
Hospital, Nursing Home, etc. City or Town

Signature of Requester

\_\_\_\_\_

Daytime telephone number

\_\_\_\_\_  
Area code Number

Return Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

\* Payment may be made in cash, money order, certified bank check or personal check.

\* Certified copies cost **\$10.00**; please enclose a self-addressed stamped envelope.

\* Make money order or checks payable to **"City of North Adams"**.