

Death Certificate Request Form

CITY USE ONLY: NO. _____

Please print out this form and return to:
Everett City Clerk
City Hall, Room 10
484 Broadway
Everett, MA 02149

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

Signature of Requester : _____

Daytime telephone number: _____
Area code number

Return Mailing Address

- * Payment may be made in a money order or check. **Do not send cash.**
- * Certified copies cost **\$10.00**; please enclose a self addressed stamped envelope for each transaction through the mail.
- * Make money order or certified bank check payable to "**City of Everett**"