

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
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Date of Death

Month	Day	Year
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Exact Location of this Death

Hospital, Nursing Home, etc.	City or Town
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Signature of Requester

Daytime telephone number

Area code	Number
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Return Mailing Address

- * Payment may be made in cash, money order or certified bank check.
- * Personal account checks are **not accepted**.
- * 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 North Adams”**.