

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 or certified bank check.
- * Personal account checks are **not accepted**.
- * Certified copies cost **\$5.00**; 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"**.