

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"**.