

# REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

## OFFICE USE ONLY

Date Rc \_\_\_\_\_ Ck or MO \$ \_\_\_\_\_ MAIL or TRUCK # of Copies \_\_\_\_\_ Rec# \_\_\_\_\_ / \_\_\_\_\_

Return Env YES or NO ID Included YES or NO Staff \_\_\_\_\_ Date Mailed \_\_\_\_\_

## WHAT TO INCLUDE IN YOUR REQUEST

### REQUEST

Completed Request Form including original ink signature.

### RETURN

Please include a self-addressed stamped envelope.

Registry - Death  
One City Hall Square  
Room 213  
Boston, MA 02201

### PAYMENT

Certificates cost **\$14.00** per copy when ordered through the mail.

**Requests for records prior to 1870 require an additional \$10 research fee** on a separate check, and this fee is not refundable.

Payment may be made in check or money order payable to "City of Boston."

### KEEP IN MIND

If you are requesting multiple different death certificates, please send individual requests.

If we do not have the record we will call and/or return the check in the self-addressed stamped envelope that you have included with your request.

## REQUIRED INFORMATION

NUMBER OF COPIES: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_ AGE AT TIME OF DEATH: \_\_\_\_\_

Month/Day/Year

FULL NAME OF PERSON ON THE RECORD OF DEATH: \_\_\_\_\_

MAIDEN NAME IF APPLICABLE: \_\_\_\_\_

EXACT LOCATION OF DEATH: \_\_\_\_\_

Hospital, Nursing Home, etc.

City or Town

ADDRESS WHERE THEY RESIDED AT THE TIME OF THEIR DEATH: \_\_\_\_\_

SPOUSES NAME: \_\_\_\_\_

PARENTS NAMES: \_\_\_\_\_

PERSON REQUESTING THE CERTIFICATE: \_\_\_\_\_

RELATIONSHIP OF REQUESTOR TO SUBJECT NAMED ON RECORD: \_\_\_\_\_

SIGNATURE OF REQUESTOR: \_\_\_\_\_

RETURN MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

The Registry Division is open weekdays from 9 a.m.- 4 p.m. except holidays | [boston.gov/registry](http://boston.gov/registry) | 617-635-4175



City of Boston



Registry: Birth,  
Death, and Marriage