

**REQUEST FORM FOR DEATH CERTIFICATE THAT OCCURRED IN STONEHAM OR
RESIDENTS OF STONEHAM AT THE TIME OF DEATH**

TOWN CLERK'S OFFICE

TOWN OF STONEHAM
35 CENTRAL STREET
STONEHAM, MA 02180
(781) 279-2650

PLEASE TYPE OR PRINT

FULL NAME OF
PERSON ON RECORD

| | | |
|------------|-------------|-----------|
| | | |
| FIRST NAME | MIDDLE NAME | LAST NAME |

DATE OF DEATH

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PLACE OF DEATH
Name of hospital or facility

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NAME OF SPOUSE

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| | | |
| FIRST NAME | MIDDLE NAME | LAST NAME |

APPLICANTS NAME

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MAILING ADDRESS

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RELATIONSHIP TO PERSON WHOSE
CERTIFICATE IS REQUESTED

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SIGNATURE OF APPLICANT

TELEPHONE NUMBER

FEE FOR DEATH CERTIFICATES

- * THE FEE FOR A CERTIFIED COPY IS \$15.00
- * MAKE CHECK OR MONEY ORDER PAYABLE TO THE "TOWN OF STONEHAM"
- * ENCLOSE A SELF-ADDRESSED STAMPED ENVELOPE
- * THE STONEHAM TOWN CLERK'S OFFICE DOES NOT ACCEPT CREDIT CARD PAYMENTS
- * YOUR REQUEST WILL BE MAILED BACK THE SAME DAY IT IS RECEIVED

TOWN CLERK'S OFFICE - HOURS OF OPERATION

Monday, Wednesday, Thursday - 8:00am-4:00pm
Tuesday - 8:00am-7:00pm
Friday - 8:00am-noon

