## City of Boston Registry Division

## REQUEST FOR A CERTIFIED COPY OF A DEATH CERTIFICATE

1. Request:	WHAT TO INCLUDE WITH YOUR REQUEST:  1. Request: Completed Request Form including original ink signature.					
2. 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."					
3. Return:	Please include a self-addressed stamped envelope.					
*Please Take	Regi One Bost	form and return/ma stry Division - Dear City Hall Square, F on, MA 02201 ions and Special	th Room 213			
Tiodoo Tuko	11010 01 110011101			<u> </u>		
Number of copi	ies requested: _					
Full name of pe	erson on the reco	rd of death				
First		Middle	Las	st	/	
Date of Death:		Day		_ Age at Time of Death:		
	Month	Day	Year			
Exact Location	of Death:					
	Hospital, Nursin	g Home, etc.		City or Town		
*Address where	e they resided at	the time of their de	eath:			
*Spouses Nam	e:					
*Parents' Name *These items a		out will assist in find	ding the record t	peing requested.		
Person Reques	sting the Certifica	te:				
Relationship of	requester to sub	ject(s) named on r	ecord:			
Return Mailing	Address:					
Signature of Re	equester:				_	
Daytime teleph	one number		[	Email:		
I do <b>not</b> v	vant the Certified	Copy of this death	certificate if the	Cause of Death is still Pending.		
				ed an autopsy and the final result accept a Certified Copy of a dea	ts may not have been determined ath certificate if it is still pending.	
			*TAK	E NOTE		

If you are sending multiple requests for birth, death, or marriage 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.