

**REQUEST FOR CERTIFIED COPY**

**DEATH CERTIFICATE**

- 1. PLEASE PRINT ALL INFORMATION
- 2. DO NOT MAIL CASH
- 3. THE FEE FOR A CERTIFIED COPY IS \$10.00 MADE PAYABLE TO TOWN OF DIGHTON
- 4. MAIL REQUEST WITH PAYMENT AND A SELF ADDRESSED STAMPED ENVELOPE TO:  
TOWN CLERK'S OFFICE, 979 SOMERSET AVENUE, DIGHTON, MA 02715
- 5. ANY QUESTIONS PLEASE CONTACT US AT (508) 669-5411

**DEATH CERTIFICATE OF:**

FULL NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

DATE OF DEATH: \_\_\_\_\_ SEX M  F   
(OR LAST KNOWN TO BE ALIVE)

PLACE OF DEATH(TOWN): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
(MONTH/DAY/YEAR) (TOWN, STATE OR FOREIGN COUNTRY)

FATHER'S NAME: \_\_\_\_\_ MOTHER'S NAME: \_\_\_\_\_

IF MARRIED, SPOUSE'S NAME: \_\_\_\_\_

**PERSON MAKING THIS REQUEST:**

NAME:

\_\_\_\_\_  
FIRST MIDDLE LAST

ADDRESS:

\_\_\_\_\_  
NUMBER STREET

TOWN/CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NUMBER OF COPIES WANTED: \_\_\_\_\_ AMOUNT ENCLOSED: \$ \_\_\_\_\_