

**REQUEST FOR
COPY OF 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: \$ _____