



The City of Cambridge
Office of the City Clerk

795 Massachusetts Avenue
Cambridge, MA 02139
617-349-4260

Mon. 8:30 am to 8:00 pm
Tues., Wed. & Thur.
8:30 am to 5:00 pm
Fri. 8:30 to Noon

NUMBER OF
CERTIFIED COPIES

**MAIL IN REQUEST FORM FOR
DEATHS OCCURRING IN CAMBRIDGE OR
RESIDENTS OF CAMBRIDGE AT THE TIME OF DEATH**

YOUR REQUEST SHOULD INCLUDE:

1. The completed request form
2. A self-addressed, stamped envelope
3. Payment of \$10.00 per certified copy - check or money order payable to the City of Cambridge

Please allow one week for mail requests to be filled

PLEASE TYPE OR PRINT

FULL NAME OF
PERSON ON RECORD

First

Middle

Last

DATE OF DEATH

RELATIONSHIP TO PERSON WHOSE
CERTIFICATE IS REQUESTED

APPLICANT'S NAME

First

Middle

Last

MAILING ADDRESS

Street

City

State (Abbr.)

ZIP code

DAYTIME PHONE

E-MAIL

Signature of Applicant

Date