



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. Payment of \$15.00 per certified copy - check or money order payable to the City of Cambridge
3. A self-addressed, stamped envelope

**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

PLACE OF DEATH

*Name of hospital or facility*

ADDITIONAL IDENTIFYING DATA

APPLICANT'S NAME

*First*

*Middle*

*Last*

MAILING ADDRESS

*Street*

*City*

*State (Abbr.)*

*ZIP code*

RELATIONSHIP TO PERSON WHOSE  
CERTIFICATE IS REQUESTED

Signature of Applicant

Date