



DEATH CERTIFICATE REQUEST FORM

I would like to request # _____ certified copies of the death certificate for:

_____.

(name of deceased)

Date of Death _____

Enclosed is a check made payable to the Town of Rochester in the amount of

\$ _____. (Fee is \$5.00 per certified copy)

My Full Name _____

My Signature _____

For questions I may be contacted at: _____

Telephone # _____

Please send this request, together with a Self-Addressed, Stamped Envelope, to the following address: (We cannot process without self-addressed, stamped envelope)

Town Clerk's Office
1 Constitution Way
Rochester, MA 02770