

**REQUEST FOR DEATH CERTIFICATE**

Name of deceased: \_\_\_\_\_

Date of death: \_\_\_\_\_

Spouse's name: \_\_\_\_\_

Father's name: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Contact telephone number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Submit completed Request for Death Certificate, \$10 check or money order payable to the City of Chelsea, and self-addressed stamped envelope to Office of the City Clerk, City Hall, 500 Broadway, Rm. 209, Chelsea, MA 02150.***