

Death Certificate Request

Please print out this form and return to:

Town of Adams – Town Clerk
8 Park Street
Adams, MA 01220

Requests submitted through the mail will be processed on the date they are received.

Full name of person on the record of death:

First

Middle

Last

Date of Death:

Month

Day

Year

Exact Location of this Death:

Hospital, Nursing Home, etc.

City or Town

Signature of Requestor:

Daytime Telephone Number:

Area Code

Number

Return Mailing Address:

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- Payment may be made in cash, money order, certified bank check or personal check.
 - Certified copies cost **\$10.00** each; please enclose a self-addressed stamped envelope.
 - Make money order or checks payable to **“Town of Adams”**.