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 Winthrop in the amount of $_____. (Fee is $10 per certified copy).

My Full Name:_____

My signature:_____

Telephone I can be reached in case of question:_____

Please remember to send this request along with a self addressed stamped envelope to the following address:

Town Clerk's Office
One Metcalf Square, #5
Winthrop, MA 02152