



**City of Marlborough, Massachusetts  
CITY CLERK DEPARTMENT**

**Steven W. Kerrigan  
City Clerk**

**REQUEST FORM FOR  
A DEATH CERTIFICATE**

**YOUR REQUEST SHOULD INCLUDE:**

1. The completed request form.
2. Payment of \$10.00 per Certified copy – Check or Money Order (payable to the City of Marlborough).

Number of  
Copies Ordered:

Full Name of Person on the Record

\_\_\_\_\_

First

Middle

Last

Date of Death

\_\_\_\_\_

Location of Death

\_\_\_\_\_

\_\_\_\_\_

Residence, Hospital, Nursing Home

City or Town

Spouses Name

\_\_\_\_\_

\*\* This item is NOT required but could assist in locating the record. \*\*

Parent(s) Name

\_\_\_\_\_

\*\* This item is NOT required but could assist in locating the record. \*\*

Relationship of Requestor to Person Named on Record

\_\_\_\_\_

Requestor's Name

\_\_\_\_\_

Mailing Address

\_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

Daytime Phone

\_\_\_\_\_

\_\_\_\_\_

Signature of Requestor

\_\_\_\_\_

Date