

## DEATH CERTIFICATE REQUEST FORM

Please print out this form and return to:

Plainville Town Clerk  
P.O. Box 1717  
Plainville MA 02762

Request 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

**Place of Death:**

Signature of Requester

Daytime telephone number

Area Code

Number

Fee is \$10.00 per copy.

Make check payable to Town of Plainville.

Include a self-addressed envelope.