

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.