City of Marlborough, Massachusetts
CITY CLERK DEPARTMENT

Lisa M. Thomas
City Clerk

MAIL IN FORM TO REQUEST CERTIFIED COPY OF DEATH CERTIFICATE
PLEASE PRINT

FULL NAME OF
PERSON ON RECORD _____
First Middle Last

DATE OF DEATH _____

PLACE OF DEATH _____

ADDITIONAL IDENTIFYING INFORMATION

_____
AGE AT TIME OF DEATH RESIDENCE AT TIME OF DEATH

APPLICANT'S NAME _____

MAILING ADDRESS _____

_____
SIGNATURE OF APPLICANT DAYTIME PHONE

The cost is $10.00 per certificate. Please submit check or money order made payable to "City of Marlborough"

Marlborough City Clerk's Office ▪ 140 Main St. ▪ Marlborough, Massachusetts 01752
Telephone (508) 460-3775 ▪ Fax (508) 460-3723