



**Application For Certified Copy of a Death Certificate**

Did the death occur in Newton?  Yes  No

If No, where did it occur? \_\_\_\_\_

Name on Record: \_\_\_\_\_

Date of Death: \_\_\_\_\_

Fee: \$10.00 per certified copy

Number of copies requested: \_\_\_\_

Enclose a check or money order in exact amount, payable to **City of Newton**.

**Mail to:**

**City Clerk, Newton City Hall  
1000 Commonwealth Avenue  
Newton, MA 02459**

**Please allow 10 to 14 days for request.**

**Name and address where you would like the copies sent:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_