



CITY OF CHELSEA, MA
Office of the City Clerk

City Hall, 500 Broadway, Room 209 · Chelsea, MA 02150
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DEATH CERTIFICATE REQUEST

Please submit a completed form, along with a check or money order (made payable to the City of Chelsea), and a self-addressed stamped envelope to Office of the City Clerk, City Hall, 500 Broadway, Rm. 209, Chelsea, MA 02150. Please note, you may also request vital records online at www.chelseama.gov.

REQUESTOR'S NAME: _____

REQUESTOR'S EMAIL: _____

REQUESTOR'S PHONE #: _____

MAILING ADDRESS FOR RECORD REQUEST:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

INFORMATION OF CERTIFICATE:

NAME OF DECEASED: _____

DATE OF DEATH: _____

CITY/TOWN OF DEATH: _____

SPOUSE'S NAME: _____

FATHER/PARENT NAME: _____

MOTHER/PARENT NAME: _____

OF COPIES (\$10 PER COPY): _____

SIGNATURE

DATE