

Town of Norwood



Death Certificate Request

Name of Decedent: _____

Date of Death: _____

Place of Death: _____

Daytime Telephone #: _____

\$10 per Certified Copy

Number of Certified Copies Requested: _____ Amount Enclosed: _____

Bank Check, Money Order (made payable to The Town of Norwood) or Cash – NO PERSONAL CHECKS ACCEPTED

Please include a stamped self-addressed envelope and mail to:

Town Clerk's Office
PO Box 40
566 Washington Street
Norwood, MA 02062