

CITY OF SALEM



Request Form for Death Certificates

**City Clerk's Office
93 Washington St.
Salem, MA 01970**

FEE: All certified copies are \$10.00

Date of Death: _____

Deceased Name: _____

Place of Death: _____

Daytime Telephone Number: _____

Number of copies requested: _____

Please send the following with your request:

A check or money order payable to the City of Salem for exact amount
(\$10.00 per copy)

Include a self-addressed stamped envelope