

TOWN OF EAST LONGMEADOW
☞ DEATH CERTIFICATE REQUEST ☞

Please print out this form and return to:

Town Clerk's Office
60 Center Square
East Longmeadow, MA 01028-2457

Requests submitted through the mail, will be processed on the date they are received.

Full name of the person on the Record of Death

| | | |
|-------|--------|------|
| First | Middle | Last |
|-------|--------|------|

Date of Death

| | | |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

Exact Location of this Death

| | |
|------------------------------|--------------|
| Hospital, Nursing Home, etc. | City of Town |
|------------------------------|--------------|

Printed Name and Signature of Requester

Daytime telephone number _____ Email address _____

- ❖ Payment may be made by money order, personal check or certified bank check.
- ❖ Certified copies cost **\$15.00 each**; *please enclose a self addressed stamped envelope* for each transaction through the mail.
- ❖ Make money order or check payable to **“Town of East Longmeadow”**