



# **TOWN OF FAIRHAVEN**

## **TOWN CLERK'S OFFICE**

**TOWN HALL · 40 CENTER STREET · FAIRHAVEN, MA 02719**

**ELISABETH E. HORAN**  
**TOWN CLERK**

### **REQUEST FOR CERTIFIED COPY OF DEATH RECORD**

#### **Instructions:**

- Complete this form to request a certified copy of a death record.
- Enclose a **check or money order** payable to **Town of Fairhaven (\$10.00 per certified copy)**.
- Enclose a **self-addressed, stamped envelope**.
- Mail your request to:

**Town Clerk's Office  
Town of Fairhaven  
40 Center Street  
Fairhaven, MA 02719**

- Please email [clerk@fairhaven-ma.gov](mailto:clerk@fairhaven-ma.gov) or call (508) 979-4023 x3 with questions.

### **REQUEST INFORMATION**

**Number of Copies Requested @ \$10.00 each: \_\_\_\_\_**

**Decedent's Full Name: \_\_\_\_\_**

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

**Place of Death (City/Town and State): \_\_\_\_\_**

**Requestor's Name: \_\_\_\_\_**

**Daytime Telephone Number: \_\_\_\_\_**

**Email Address: \_\_\_\_\_**

**Requestor's Signature: \_\_\_\_\_**  
*(Required for mail-in requests)*