



TOWN OF FAIRHAVEN TOWN CLERK'S OFFICE

ELISABETH E. HORAN
TOWN CLERK

TOWN HALL · 40 CENTER STREET · FAIRHAVEN, MA 02719

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 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)